is infection (e.g., an infectious disease as described below under "Infectious Disease").	of on on ant are d may lifted d may lifted l l l l l l l l l l l l l l l l l l l
	transcription of transcription through the through STAT6 response element in Activators of Transcription immune cells (such well-known in the art and mell-known in the consists of the invention assays for transcription through the STAT6 response element that may be used or routinely modified to test STAT6 response element activity of the polypeptides the invention including antibodies and agonists or antagonists of the invention include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:3
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		368 (1992); Henthorn et al., Proc Natl Acad Sci USA	Disorders"). Preferred indications include neoplasms
		85:6342-6346 (1988); Georas	and cancers, such as, leukemia,
		et al., Blood 92(12):4529-4538	lymphoma, melanoma, and
		(1998); Moffatt et al.,	prostate, breast, lung, colon,
		Transplantation 69(7):1521-	pancreatic, esophageal,
		1523 (2000); Curiel et al., Eur	stomach, brain, liver and
		J Immunol 27(8):1982-1987	urinary cancer. Other preferred
		(1997); and Masuda et al., J	indications include benign
		Biol Chem 275(38):29331-	dysproliferative disorders and
		29337 (2000), the contents of	pre-neoplastic conditions, such
		each of which are herein	as, for example, hyperplasia,
		incorporated by reference in its	metaplasia, and/or dysplasia.
		entirety. T cells that may be	Preferred indications include
		used according to these assays	anemia, pancytopenia,
		are publicly available (e.g.,	leukopenia, thrombocytopenia,
		through the ATCC).	Hodgkin's disease, acute
		Exemplary T cells that may be	lymphocytic anemia (ALL),
		used according to these assays	plasmacytomas, multiple
		include the SUPT cell line,	myeloma, Burkitt's lymphoma,
		which is a suspension culture	arthritis, AIDS, granulomatous
		of IL-2 and IL-4 responsive T	disease, inflammatory bowel
		cells.	disease, sepsis, neutropenia,
			neutrophilia, psoriasis,
			suppression of immune
			reactions to transplanted
			organs and tissues,
	-		hemophilia, hypercoagulation,
			diabetes mellitus, endocarditis,
,			meningitis, and Lyme Disease.
			An additional preferred

				indication is infection (e.g., an infectious disease as described below under "Infectious
HSSGG82	814	Endothelial Cell Apoptosis	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary assays for caspase apoptosis that may be used or routinely modified to test capase apoptosis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Lee et al., FEBS Lett 485(2-3): 122-126 (2000):	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for stimulating apoptosis of endothelial cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., decreasing)
			Nor et al., J Vasc Res 37(3):	apoptosis of endothelial cells.

		209-218 (2000); and Karsan	A highly preferred
	ar	and Harlan, J Atheroscler	embodiment of the invention
		Thromb 3(2): 75-80 (1996);	includes a method for
	<del>- 4</del>	the contents of each of which	stimulating angiogenisis. An
	ar	are herein incorporated by	alternative highly preferred
	re	reference in its entirety.	embodiment of the invention
	田田	Endothelial cells that may be	includes a method for
-	än —	used according to these assays	inhibiting angiogenesis. A
	a	are publicly available (e.g.,	highly preferred embodiment
	4	through commercial sources).	of the invention includes a
		Exemplary endothelial cells	method for reducing cardiac
		that may be used according to	hypertrophy. An alternative
	4	these assays include bovine	highly preferred embodiment
-	ac	aortic endothelial cells	of the invention includes a
	<u> </u>	(bAEC), which are an example	method for inducing cardiac
	, 0	of endothelial cells which line	hypertrophy. Highly
		blood vessels and are involved	preferred indications include
	-i	in functions that include, but	neoplastic diseases (e.g., as
	21	are not limited to,	described below under
	81	angiogenesis, vascular	"Hyperproliferative
	Ω.	permeability, vascular tone,	Disorders"), and disorders of
		and immune cell extravasation.	the cardiovascular system
			(e.g., heart disease, congestive
			heart failure, hypertension,
			aortic stenosis,
			cardiomyopathy, valvular
			regurgitation, left ventricular
			dysfunction, atherosclerosis
	-		and atherosclerotic vascular
			disease, diabetic nephropathy,
			intracardiac shunt, cardiac

telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma.	haemangiopericytoma, lymphangioma, lymphangiosarcoma. Highly preferred indications also include cancers such as,	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such	as, for example, hyperplasia, metaplasia, and/or dysplasia. Highly preferred indications also include arterial disease, such as, atherosclerosis,	hypertension, coronary artery disease, inflammatory vasculitides, Reynaud's disease and Reynaud's phenomenom, aneurysms, restenosis; venous and	lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other

			vascular disorders such as
			peripheral vascular disease,
		-	and cancer. Highly
			preferred indications also
			include trauma such as
			wounds, burns, and injured
_			tissue (e.g., vascular injury
			such as, injury resulting from
			balloon angioplasty, and
			atheroschlerotic lesions),
			implant fixation, scarring,
			ischemia reperfusion injury,
			rheumatoid arthritis,
			cerebrovascular disease, renal
			diseases such as acute renal
			failure, and osteoporosis.
			Additional highly preferred
			indications include stroke,
			graft rejection, diabetic or
			other retinopathies, thrombotic
_			and coagulative disorders,
			vascularitis, lymph
			angiogenesis, sexual disorders,
			age-related macular
			degeneration, and treatment
			/prevention of endometriosis
			and related conditions.
			Additional highly preferred
			indications include fibromas,
			heart disease, cardiac arrest,
			heart walve disease and

					vascular disease
					anogain anogain.
_					Preferred indications include
					blood disorders (e.g., as
					described below under
					"Immune Activity", "Blood-
					Related Disorders", and/or
					"Cardiovascular Disorders").
	,				Preferred indications include
					autoimmune diseases (e.g.,
					rheumatoid arthritis, systemic
					lupus erythematosis, multiple
					sclerosis and/or as described
,					below) and
·					immunodeficiencies (e.g., as
					described below). Additional
·					preferred indications include
	-				inflammation and
					inflammatory disorders (such
					as acute and chronic
					inflammatory diseases, e.g.,
					inflammatory bowel disease
					and Crohn's disease), and pain
			•		management.
	HSUBW09	815	Regulation of	Assays for the regulation of	A highly preferred
			transcription	transcription through the FAS	indication is diabetes mellitus.
-		`	through the FAS	promoter element are well-	An additional highly preferred
		`	promoter element	known in the art and may be	indication is a complication
			in hepatocytes	used or routinely modified to	associated with diabetes (e.g.,
				assess the ability of	diabetic retinopathy, diabetic
				polypeptides of the invention	nephropathy, kidney disease
				(including antibodies and	(e.g., renal failure,

		of the original of the	neathronathy and/or other
-		aguillata ul allitaguillata ul ulic	inchinopanis and or one
		invention) to activate the FAS	diseases and disorders as
		promoter element in a reporter	described in the "Renal
		construct and to regulate	Disorders" section below),
		transcription of FAS, a key	diabetic neuropathy, nerve
		enzyme for lipogenesis. FAS	disease and nerve damage
		promoter is regulated by many	(e.g., due to diabetic
		transcription factors including	neuropathy), blood vessel
		SREBP. Insulin increases FAS	blockage, heart disease, stroke,
		gene transcription in livers of	impotence (e.g., due to diabetic
 		diabetic mice. This	neuropathy or blood vessel
		stimulation of transcription is	blockage), seizures, mental
		also somewhat glucose	confusion, drowsiness,
		dependent. Exemplary assays	nonketotic hyperglycemic-
		that may be used or routinely	hyperosmolar coma,
		modified to test for FAS	cardiovascular disease (e.g.,
		promoter element activity (in	heart disease, atherosclerosis,
		hepatocytes) by polypeptides	microvascular disease,
		of the invention (including	hypertension, stroke, and other
		antibodies and agonists or	diseases and disorders as
 -		antagonists of the invention)	described in the
		include assays disclosed in	"Cardiovascular Disorders"
		Xiong, S., et al., Proc Natl	section below), dyslipidemia,
		Acad Sci U.S.A., 97(8):3948-	endocrine disorders (as
		53 (2000); Roder, K., et al.,	described in the "Endocrine
		Eur J Biochem, 260(3):743-51	Disorders" section below),
	•	(1999); Oskouian B, et al.,	neuropathy, vision impairment
		Biochem J, 317 (Pt 1):257-65	(e.g., diabetic retinopathy and
_		(1996); Berger, et al., Gene	blindness), ulcers and impaired
		66:1-10 (1988); and, Cullen,	wound healing, and infection
		B., et al., Methods in Enzymol. (e.g., infectious diseases and	(e.g., infectious diseases and

disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.	
216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety.  Hepatocytes that may be used according to these assays, such as H4IIE cells, are publicly available (e.g., through the ATCC) and/or may be routinely generated.  Exemplary hepatocytes that may be used according to these assays include rat liver hepatoma cell line(s) inducible with glucocorticoids, insulin, or cAMP derivatives.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular
	Inhibition of squalene synthetase gene transcription.
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				carcinoma cell line (ATCC HB-8065). See Knowles et al., Science. 209:497-9 (1980), the	
				contents of which are herein	
				entirety.	
	HSUBW09	815	CD152 in Human T cells		
	HSVBU91	816	Activation of	Assays for the activation of	A highly preferred indication
			transcription	transcription through the	is obesity and/or complications
			through cAMP	cAMP response element are	associated with obesity.
			response element	well-known in the art and may	Additional highly preferred
			(CRE) in pre-	be used or routinely modified	indications include weight loss
			adipocytes.	to assess the ability of	or alternatively, weight gain.
			_	polypeptides of the invention	An additional highly preferred
				(including antibodies and	indication is diabetes mellitus.
				agonists or antagonists of the	An additional highly preferred
				invention) to increase cAMP,	indication is a complication
				regulate CREB transcription	associated with diabetes (e.g.,
				factors, and modulate	diabetic retinopathy, diabetic
				expression of genes involved	nephropathy, kidney disease
_				in a wide variety of cell	(e.g., renal failure,
				functions. For example, a	nephropathy and/or other
				3T3-L1/CRE reporter assay	diseases and disorders as
-				may be used to identify factors	described in the "Renal
				that activate the cAMP	Disorders" section below),
				signaling pathway. CREB	diabetic neuropathy, nerve
,				plays a major role in	disease and nerve damage
				adipogenesis, and is involved	(e.g., due to diabetic
				in differentiation into	neuropathy), blood vessel
				adipocytes. CRE contains the	blockage, heart disease, stroke,

impotence (e.g., due to diabetic neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired	wound healing, and infection	(e.g., infectious diseases and	disorders as described in the	"Infectious Diseases" section	below, especially of the	urinary tract and skin), carpal	tunnel syndrome and	Dupuytren's contracture).	Additional highly preferred	indications are complications	associated with insulin
binding sequence for the transcription factor CREB	(CRE binding protein).	Exemplary assays for	transcription through the	cAMP response element that	may be used or routinely	modified to test cAMP-	response element activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Reusch	et al., Mol Cell Biol	20(3):1008-1020 (2000); and	Klemm et al., J Biol Chem	273:917-923 (1998), the	contents of each of which are	herein incorporated by	reference in its entirety. Pre-	adipocytes that may be used	according to these assays are	publicly available (e.g.,	through the ATCC) and/or	may be routinely generated.
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	in the interpretation
	A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting hepatocyte cell proliferation. A highly preferred embodiment of the invention includes a method for stimulating hepatocyte cell differentiation. An alternative highly preferred embodiment of the invention and the invention includes a method for inhibiting method for inhibiting
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ince.	A highly preferred embodiment of the inventic includes a method for stimulating hepatocyte cell proliferation. An alternativhighly preferred embodime of the invention includes a method for inhibiting hepatocyte cell proliferatio A highly preferred embodiment of the inventic includes a method for stimulating hepatocyte cell differentiation. An alternat highly preferred embodime of the invention includes a method for stimulating hepatocyte cell differentiation. An alternat highly preferred embodime of the invention includes a method for inhibiting
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mouse to these to these sale and the cent moore eent moore cells as substracells de convice convice convice different mouse e different mouse.	ay. Kin le an El le an El ERK si on that on that on or di on or di on or or or or asses or asses or at sts or at ion) to a l prolife y assay; ivity the utinely with assertions.
Exemplary mouse adipocyte cells that may be used according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation conditions known in the art.	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced
Exe cell accelling pregrature through appread adjusted appread adjusted appread adjusted appread adjusted appread adjusted appread adjusted adjuste	
	Activation of Hepatocyte ERK Signaling Pathway
	Activation of Hepatocyte ERK Signaling Pathwa
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			activity of polypeptides of the	A highly preferred
			and agonists or antagonists of	includes a method for
			the invention) include the	activating hepatocyte cells. An
			assays disclosed in Forrer et	alternative highly preferred
			al., Biol Chem 379(8-9):1101-	embodiment of the invention
			1110 (1998); Kyriakis JM,	includes a method for
	_		Biochem Soc Symp 64:29-48	inhibiting the activation of
			(1999); Chang and Karin,	and/or inactivating hepatocyte
			Nature 410(6824):37-40	cells. Highly preferred
	_		(2001); and Cobb MH, Prog	indications include disorders of
			Biophys Mol Biol 71(3-4):479-	the liver and/or endocrine
			500 (1999); the contents of	disorders (e.g., as described
			each of which are herein	below under "Endocrine
			incorporated by reference in its	Disorders"). Preferred
			entirety. Rat liver hepatoma	indications include neoplastic
			cells that may be used	diseases (e.g., as described
			according to these assays are	below under
_			publicly available (e.g.,	"Hyperproliferative
			through the ATCC).	Disorders"), blood disorders
			Exemplary rat liver hepatoma	(e.g., as described below under
-	_		cells that may be used	"Immune Activity",
			according to these assays	"Cardiovascular Disorders",
	417		include H4lle cells, which are	and/or "Blood-Related
-			known to respond to	Disorders"), immune disorders
			glucocorticoids, insulin, or	(e.g., as described below under
			cAMP derivatives.	"Immune Activity"), neural
				disorders (e.g., as described
-				below under "Neural Activity
		,		and Neurological Diseases"),
				and infection (e.g., as

	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired	wound healing, infection (e.g.,	infectious diseases and	disorders as described in the	"Infectious Diseases" section	below, especially of the	urinary tract and skin), carpal	tunnel syndrome and	Dupuytren's contracture).	An additional highly preferred	indication is obesity and/or	complications associated with	obesity. Additional highly	preferred indications include	weight loss or alternatively,	weight gain. Additional	highly preferred indications are	complications associated with	insulin resistance.	Additonal highly preferred	indications are disorders of the	musculoskeletal systems	including myopathies,
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HSVBU91 816 Insulin Secretion of insulin are well-known in the art and may be used or	described herein.	Additional highly preferred	indications include, hepatitis,	jaundice, gallstones, cirrhosis	of the liver, degenerative or	necrotic liver disease,	alcoholic liver diseases,	fibrosis, liver regeneration,	metabolic disease,	dyslipidemia and chlolesterol	metabolism.	Additional highly preferred	indications include neoplasms	and cancers, such as,	hepatocarcinomas, other liver	cancers, and colon and	pancreatic cancer. Preferred	indications also include	prostate, breast, lung,	esophageal, stomach, brain,	and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	no	of insulin are well-known in   is diabetes mellitus. An	the art and may be used or additional highly preferred
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vith dia	nopathy	y, kidne	failure,	y and/or	disord	the "Re	section 1	ıropathy	nerve d	diabeti	), blood	eart dise	e.g., du	or blood	seizures	drowsin	hypergly	ar coma	ılar dise	e, ather	lar disea	n, strok	d disord	ı the	cular Di	w), dys	isorders	the "E	section 1	vision
associated with diabetes (e.g.,	diabetic retinopathy, diabetic	nephropathy, kidney disease	(e.g., renal failure,	nephropathy and/or other	diseases and disorders as	described in the "Renal	Disorders" section below),	diabetic neuropathy, nerve	disease and nerve damage	(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuronathy vision impairment
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des of	50	or	ntion) to	ion.	cretion	using	ies.			and					may be	fied to	nsulin	atic	of the	ıtibodie	nists of	assays	H., et	6-1	1., et al.	:1305-	, et al.	5:441-4	al., J	544-57
lypepti	ncludin	gonist	ne inve	n secret	sulin se	<b>FMAT</b>	antibod	n from	cells is	glucose		ss, and	a key	iabetes.	ys that	y modi	ion of i	pancre	ptides	ıding ar	antago	nclude	imizu,	7(3):26	ek, A.N	13(8)	sson, K	Sci, 86	L.K., et	(28).16
ty of po	ntion (ii	es and a	sts of th	ilusuli	nple, in	red by	nsulin a	ecretion	ic beta	ited by	ertain	/peptide	ation is	ent in d	ıry assa	outine	timulat	(from	polype	n (inclu	nists or	ntion) i	d in: Sh	ocr J, 47	Salapat	locrino	); Filip	/ Acad	Olson, ]	771 me
the ability of polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention) to	stimulate insulin secretion.	For example, insulin secretion	is measured by FMAT using	anti-rat insulin antibodies.	Insulin secretion from	pancreatic beta cells is	upregulated by glucose and	also by certain	proteins/peptides, and	disregulation is a key	component in diabetes.	Exemplary assays that may be	used or routinely modified to	test for stimulation of insulin	secretion (from pancreatic	cells) by polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) include assays	disclosed in: Shimizu, H., et	al., Endocr J, 47(3):261-9	(2000); Salapatek, A.M., et al.,	Mol Endocrinol, 13(8):1305-	17 (1999); Filipsson, K., et al.,	Ann N Y Acad Sci, 865:441-4	(1998); Olson, L.K., et al., J	Riol Chem 271(28) 16544-52
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(e.g., diabetic retinopathy and blindness), ulcers and impaired	wound healing, and infection	(e.g., infectious diseases and	disorders as described in the	"Infectious Diseases" section	below, especially of the	urinary tract and skin), carpal	tunnel syndrome and	Dupuytren's contracture).	An additional highly preferred	indication is obesity and/or	complications associated with	obesity. Additional highly	preferred indications include	weight loss or alternatively,	weight gain. Additional highly	preferred indications are	complications associated with	insulin resistance.											
(1996); and, Miraglia S et. al., Journal of Biomolecular	Screening, 4:193-204 (1999),	the contents of each of which	is herein incorporated by	reference in its entirety.	Pancreatic cells that may be	used according to these assays	are publicly available (e.g.,	through the ATCC) and/or	may be routinely generated.	Exemplary pancreatic cells that	may be used according to these	assays include HITT15 Cells.	HITT15 are an adherent	ppithelial cell line established	from Syrian hamster islet cells	transformed with SV40. These	cells express glucagon,	somatostatin, and	glucocorticoid receptors. The	cells secrete insulin, which is	stimulated by glucose and	glucagon and suppressed by	somatostatin or	glucocorticoids. ATTC# CRL-	1777 Refs: Lord and	Ashcroft. Biochem. J. 219:	547-551; Santerre et al. Proc.	Natl. Acad. Sci. USA 78:	4339-4343, 1981.
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	HSVBU91	816	TNFa in Human T-cell 293T		
	HSVBU91	816	Activation of	Assays for the activation of	A highly preferred
			transcription	transcription through the CD28	embodiment of the invention
			through CD28	response element are well-	includes a method for
			response element in	known in the art and may be	stimulating T cell proliferation.
			immune cells (such	used or routinely modified to	An alternative highly preferred
			as T-cells).	assess the ability of	embodiment of the invention
				polypeptides of the invention	includes a method for
				(including antibodies and	inhibiting T cell proliferation.
				agonists or antagonists of the	A highly preferred
				invention) to stimulate IL-2	embodiment of the invention
-				expression in T cells.	includes a method for
				Exemplary assays for	activating T cells. An
				transcription through the CD28	alternative highly preferred
				response element that may be	embodiment of the invention
				used or routinely modified to	includes a method for
				test CD28-response element	inhibiting the activation of
				activity of polypeptides of the	and/or inactivating T cells.
			-	invention (including antibodies	A highly preferred
				and agonists or antagonists of	embodiment of the invention
				the invention) include assays	includes a method for
				disclosed in Berger et al., Gene	stimulating (e.g., increasing)
				66:1-10 (1998); Cullen and	IL-2 production. An alternative
				Malm, Methods in Enzymol	highly preferred embodiment
				216:362-368 (1992); Henthorn	of the invention includes a
				et al., Proc Natl Acad Sci USA	method for inhibiting (e.g.,
	-			85:6342-6346 (1988);	reducing) IL-2 production.
	•			McGuire and Iacobelli, J	Additional highly preferred
				Immunol 159(3):1319-1327	indications include
				(1997); Parra et al., J Immunol	inflammation and

(2001); and inflammatory disorders.	3iol Chem Highly preferred indications		f which are (e.g., rheumatoid arthritis,		tirety. T   multiple sclerosis and/or as		assays are immunodeficiencies (e.g., as	(e.g., described below), boosting a T		T cells that response, and suppressing a T		JURKAT response. An additional highly	a suspension   preferred indication includes			"Infectious Disease").	Highly preferred indications	include neoplastic diseases	(e.g., melanoma, renal cell	carcinoma, leukemia,	lymphoma, and/or as described	below under	"Hyperproliferative	Disorders"). Highly preferred	indications include neoplasms	and cancers, such as, for	example, melanoma (e.g.,	metastatic melanoma), renal	cell carcinoma (e.g., metastatic	
166(4):2437-2443 (2001); and	Butscher et al., J Biol Chem	3(1):552-560 (1998), the	contents of each of which are	herein incorporated by	reference in its entirety.	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary human T cells that	may be used according to these	assays include the JURKAT	cell line, which is a suspension	culture of leukemia cells that	produce IL-2 when stimulated.					-										

T v c) considerant circustrust	leukemia, iyinpilonia (e.g., i	cell lymphoma), and prostate,	breast, lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	A highly preferred indication	is infection (e.g., tuberculosis,	infections associated with	granulomatous disease, and	osteoporosis, and/or an	infectious disease as described	below under "Infectious	Disease"). A highly preferred	indication is AIDS.	Additional highly preferred	indications include suppression	of immune reactions to	transplanted organs and/or	tissues, uveitis, psoriasis, and	tropical spastic paraparesis.	Preferred indications include	blood disorders (e.g., as	described below under	"Immune Activity", "Blood-	D 1 - 1 - 4 D 2 - 1 - 1 D 2 - 1 - 1 D 2
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	2T2 1 1/ODE "Concentral pages.	المرامية المرامية المرامية
	313-LIVENE IEPUITEI assay	discases alla disolucis as
	may be used to identify factors	described in the "Renal
	that activate the cAMP	Disorders" section below),
	signaling pathway. CREB	diabetic neuropathy, nerve
	plays a major role in	disease and nerve damage
	adipogenesis, and is involved	(e.g., due to diabetic
	in differentiation into	neuropathy), blood vessel
	 adipocytes. CRE contains the	blockage, heart disease, stroke,
	binding sequence for the	impotence (e.g., due to diabetic
	transcription factor CREB	neuropathy or blood vessel
	(CRE binding protein).	blockage), seizures, mental
	Exemplary assays for	confusion, drowsiness,
	transcription through the	nonketotic hyperglycemic-
	cAMP response element that	hyperosmolar coma,
	may be used or routinely	cardiovascular disease (e.g.,
	modified to test cAMP-	heart disease, atherosclerosis,
	response element activity of	microvascular disease,
	polypeptides of the invention	hypertension, stroke, and other
	(including antibodies and	diseases and disorders as
	agonists or antagonists of the	described in the
	invention) include assays	"Cardiovascular Disorders"
	disclosed in Berger et al., Gene	section below), dyslipidemia,
	66:1-10 (1998); Cullen and	endocrine disorders (as
	Malm, Methods in Enzymol	described in the "Endocrine
	216:362-368 (1992); Henthorn	Disorders" section below),
	et al., Proc Natl Acad Sci USA	neuropathy, vision impairment
	85:6342-6346 (1988); Reusch	(e.g., diabetic retinopathy and
	et al., Mol Cell Biol	blindness), ulcers and impaired
	20(3):1008-1020 (2000); and	wound healing, and infection
-	 Klemm et al., J Biol Chem	(e.g., infectious diseases and
	273:917-923 (1998), the	disorders as described in the

			contents of each of which are herein incorporated by	"Infectious Diseases" section below, especially of the
			reference in its entirety. Pre-	urinary tract and skin), carpal
			adipocytes that may be used	tunnel syndrome and
			accolumn to mese assays are publicly available (e.g.,	Additional highly preferred
			through the ATCC) and/or	indications are complications
			may be routinely generated.	associated with insulin
			Exemplary mouse adipocyte	resistance.
			cells that may be used	
-			according to these assays	
			include 3T3-L1 cells. 3T3-L1	
			is an adherent mouse	
			preadipocyte cell line that is a	
			continuous substrain of 3T3	
			fibroblast cells developed	
			through clonal isolation and	
	<u>.</u>		undergo a pre-adipocyte to	
			adipose-like conversion under	
			appropriate differentiation	
			conditions known in the art.	
HSYAV50	817	CXCR4 in HT1080		
HSYAV50	(817	IgG in Human B		
		cells		
HSYAV50	817	IFNg in Human T-		
03/14/1011	01.0	Vell 2931	7 · · · · · · · · · · · · · · · · · · ·	3-7
HSIAVOO		Activation of	Assays for the activation of	A preferred embodiment of
		transcription	transcription through the	the invention includes a
		through serum	Serum Response Element	method for inhibiting (e.g.,
	·	response element in	(SRE) are well-known in the	reducing) TNF alpha
		immune cells (such	art and may be used or	production. An alternative

	as natural killer	routinely modified to assess	highly preferred embodiment
	cells).	the ability of polypeptides of	of the invention includes a
		the invention (including	method for stimulating (e.g.,
		antibodies and agonists or	increasing) TNF alpha
		antagonists of the invention) to	production. Preferred
		regulate serum response	indications include blood
		factors and modulate the	disorders (e.g., as described
		expression of genes involved	below under "Immune
		in growth and upregulate the	Activity", "Blood-Related
		function of growth-related	Disorders", and/or
		genes in many cell types.	"Cardiovascular Disorders"),
		Exemplary assays for	Highly preferred indications
-		transcription through the SRE	include autoimmune diseases
		that may be used or routinely	(e.g., rheumatoid arthritis,
		modified to test SRE activity	systemic lupus erythematosis,
		of the polypeptides of the	Crohn"s disease, multiple
		invention (including antibodies	sclerosis and/or as described
		and agonists or antagonists of	below), immunodeficiencies
		the invention) include assays	(e.g., as described below),
		disclosed in Berger et al., Gene	boosting a T cell-mediated
		66:1-10 (1998); Cullen and	immune response, and
		Malm, Methods in Enzymol	suppressing a T cell-mediated
		216:362-368 (1992); Henthorn	immune response. Additional
		et al., Proc Natl Acad Sci USA	highly preferred indications
		85:6342-6346 (1988); Benson	include inflammation and
		et al., J Immunol 153(9):3862-	inflammatory disorders, and
		3873 (1994); and Black et al.,	treating joint damage in
		Virus Genes 12(2):105-117	patients with rheumatoid
		(1997), the content of each of	arthritis. An additional highly
		which are herein incorporated	preferred indication is sepsis.
		by reference in its entirety. T	Highly preferred indications

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include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	anemia, pancytopenia,	leukopenia, thrombocytopenia,	Hodgkin's disease, acute	lymphocytic anemia (ALL),	plasmacytomas, multiple	myeloma, Burkitt's lymphoma,	arthritis, AIDS, granulomatous	disease, inflammatory bowel	disease, neutropenia,
cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary T cells that may be	used according to these assays	include the NK-YT cell line,	which is a human natural killer	cell line with cytolytic and	cytotoxic activity.																					
			_																			_		•						

				neutrophilia, psoriasis,
				suppression of immune
				reactions to transplanted
				organs and tissues, hemophilia,
				hypercoagulation, diabetes
				mellitus, endocarditis,
				meningitis, Lyme Disease,
				cardiac reperfusion injury, and
				asthma and allergy. An
				additional preferred indication
				is infection (e.g., an infectious
				disease as described below
				under "Infectious Disease").
HSYAV50	817	SEAP in OE-21		
HSYAV50	817	Activation of	Assays for the activation of	Highly preferred indications
		transcription	transcription through the	include neoplastic diseases
		through GAS	Gamma Interferon Activation	(e.g., leukemia, lymphoma,
		response element in	Site (GAS) response element	and/or as described below
		immune cells (such	are well-known in the art and	under "Hyperproliferative
		as T-cells).	may be used or routinely	Disorders"). Highly preferred
			modified to assess the ability	indications include neoplasms
			of polypeptides of the	and cancers, such as, for
			invention (including antibodies	example, leukemia, lymphoma
			and agonists or antagonists of	(e.g., T cell lymphoma,
			the invention) to regulate	Burkitt's lymphoma, non-
			STAT transcription factors and	Hodgkins lymphoma,
			modulate gene expression	Hodgkin's disease),
			involved in a wide variety of	melanoma, and prostate,
 			cell functions. Exemplary	breast, lung, colon, pancreatic,
			assays for transcription	esophageal, stomach, brain,
			through the GAS response	liver and urinary cancer. Other

	element that may be used or	preferred indications include
	routinely modified to test	benign dysproliferative
	GAS-response element activity	disorders and pre-neoplastic
	of polypeptides of the	conditions, such as, for
	invention (including antibodies	example, hyperplasia,
	and agonists or antagonists of	metaplasia, and/or dysplasia.
	the invention) include assays	Preferred indications include
	disclosed in Berger et al., Gene	autoimmune diseases (e.g.,
	66:1-10 (1998); Cullen and	rheumatoid arthritis, systemic
	Malm, Methods in Enzymol	lupus erythematosis, multiple
	 216:362-368 (1992); Henthorn	sclerosis and/or as described
	et al., Proc Natl Acad Sci USA	below), immunodeficiencies
	85:6342-6346 (1988);	(e.g., as described below),
	Matikainen et al., Blood	boosting a T cell-mediated
	93(6):1980-1991 (1999); and	immune response, and
	Henttinen et al., J Immunol	suppressing a T cell-mediated
	155(10):4582-4587 (1995), the	immune response. Additional
	 contents of each of which are	preferred indications include
	herein incorporated by	inflammation and
	reference in its entirety.	inflammatory disorders.
	Exemplary human T cells,	Highly preferred indications
	such as the SUPT cell line, that	include blood disorders (e.g.,
	may be used according to these	as described below under
	assays are publicly available	"Immune Activity", "Blood-
- 100	(e.g., through the ATCC).	Related Disorders", and/or
		"Cardiovascular Disorders"),
		and infection (e.g., viral
		infections, tuberculosis,
		infections associated with
		chronic granulomatosus
		disease and malignant

				osteoporosis, and/or an
				infections disease as described
				holom mador "Infortions
				below under infectious
				Disease"). An additional
				preferred indication is
				idiopathic pulmonary fibrosis.
				Preferred indications include
				anemia, pancytopenia,
				leukopenia, thrombocytopenia,
				acute lymphocytic anemia
				(ALL), plasmacytomas,
				multiple myeloma, arthritis,
				AIDS, granulomatous disease,
				inflammatory bowel disease,
				sepsis, neutropenia,
				neutrophilia, psoriasis,
				suppression of immune
				reactions to transplanted
				organs and tissues,
				hemophilia, hypercoagulation,
				diabetes mellitus, endocarditis,
				meningitis, Lyme Disease, and
				asthma and allergy.
HTAEE28	818	Protection from	Caspase Apoptosis Rescue.	A highly preferred
		Endothelial Cell	Assays for caspase apoptosis	embodiment of the invention
		Apoptosis.	rescue are well known in the	includes a method for
			art and may be used or	stimulating endothelial cell
			routinely modified to assess	growth. An alternative highly
			the ability of the polypeptides	preferred embodiment of the
			of the invention (including	invention includes a method
			antibodies and agonists or	for inhibiting endothelial cell

antagonists of the invention) to	growth. A highly preferred
inhihit casnase professe-	
mediated apoptosis.	includes a method for
Exemplary assays for caspase	stimulating endothelial cell
 apoptosis that may be used or	proliferation. An alternative
routinely modified to test	highly preferred embodiment
 caspase apoptosis rescue of	of the invention includes a
polypeptides of the invention	method for inhibiting
(including antibodies and	endothelial cell proliferation.
 agonists or antagonists of the	A highly preferred
invention) include the assays	embodiment of the invention
disclosed in Romeo et al.,	includes a method for
Cardiovasc Res 45(3): 788-794	stimulating endothelial cell
(2000); Messmer et al., Br J	growth. An alternative highly
Pharmacol 127(7): 1633-1640	preferred embodiment of the
(1999); and J Atheroscler	invention includes a method
Thromb 3(2): 75-80 (1996);	for inhibiting endothelial cell
 the contents of each of which	growth. A highly preferred
are herein incorporated by	embodiment of the invention
reference in its entirety.	includes a method for
 Endothelial cells that may be	stimulating apoptosis of
used according to these assays	endothelial cells. An
 are publicly available (e.g.,	alternative highly preferred
 through commercial sources).	embodiment of the invention
Exemplary endothelial cells	includes a method for
 that may be used according to	inhibiting (e.g., decreasing)
these assays include bovine	apoptosis of endothelial cells.
aortic endothelial cells	A highly preferred
(bAEC), which are an example	embodiment of the invention
 of endothelial cells which line	includes a method for
blood vessels and are involved	stimulating angiogenisis. An

	in functions that include, but	alternative highly preferred
	are not limited to,	embodiment of the invention
	angiogenesis, vascular	includes a method for
	permeability, vascular tone,	inhibiting angiogenesis. A
	and immune cell extravasation.	highly preferred embodiment
		of the invention includes a
		method for reducing cardiac
		hypertrophy. An alternative
		highly preferred embodiment
		of the invention includes a
		method for inducing cardiac
		hypertrophy. Highly
		preferred indications include
		neoplastic diseases (e.g., as
		described below under
		"Hyperproliferative
		Disorders"), and disorders of
		the cardiovascular system
		(e.g., heart disease, congestive
		heart failure, hypertension,
		aortic stenosis,
		cardiomyopathy, valvular
		regurgitation, left ventricular
		dysfunction, atherosclerosis
		and atherosclerotic vascular
		disease, diabetic nephropathy,
,		intracardiac shunt, cardiac
•		hypertrophy, myocardial
		infarction, chronic
		hemodynamic overload, and/or
		as described below under

								_										_					_		_			_		
"Cardiovascular Disorders").	Highly preferred indications	include cardiovascular,	endothelial and/or angiogenic	disorders (e.g., systemic	disorders that affect vessels	such as diabetes mellitus, as	well as diseases of the vessels	themselves, such as of the	arteries, capillaries, veins	and/or lymphatics). Highly	preferred are indications that	stimulate angiogenesis and/or	cardiovascularization. Highly	preferred are indications that	inhibit angiogenesis and/or	cardiovascularization.	Highly preferred indications	include antiangiogenic activity	to treat solid tumors,	leukemias, and Kaposi"s	sarcoma, and retinal disorders.	Highly preferred indications	include neoplasms and cancer,	such as, Kaposi"s sarcoma,	hemangioma (capillary and	cavernous), glomus tumors,	telangiectasia, bacillary	sis,	hemangioendothelioma,	ima,
"Cardiova	Highly pre	include ca	endothelia	disorders (	disorders t	such as dia	well as dis	themselves	arteries, ca	and/or lym	preferred a	stimulate a	cardiovasc	preferred a	inhibit ang	cardiovasc	Highly pre	include an	to treat sol	leukemias,	sarcoma, a	Highly pre	include ne	such as, K	hemangior	cavernous	telangiecta	angiomatosis,	hemangioe	angiosarcoma,
				-						<del>-</del>									·					<u> </u>	•	<del></del>				
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haemangiopericytoma, Jymphangiosarcoma. Highly preferred indications also include cancers such as, prostate, breast, lung, colon, pancreatio, esophageal, stomach, brain, liver, and urinary cancer. Preferred indications include benign dyspoliterative disorders and pre-neoplastic conditions, such as, for example, hyperplasta, metaplasta, and/or dysplasia. Highly preferred indications also include anterial disease, such as, atherosclerosis, hypertension, coronary artery disease and Reynaud's disease and Reynaud's phenomenon, aneurysms, restenosis, venous and lymphatic disorders such as thrombophlebitis, lymphadedma; and other vascular disorders uch as peripheral vascular disease, and cancer. Highly y preferred indications also preferred indications also																									_					$\overline{}$
	haemangiopericytoma,	lymphangioma,	lymphangiosarcoma. Highly	preferred indications also	include cancers such as,	prostate, breast, lung, colon,	pancreatic, esophageal,	stomach, brain, liver, and	urinary cancer. Preferred	indications include benign	dysproliferative disorders and	pre-neoplastic conditions, such	as, for example, hyperplasia,	metaplasia, and/or dysplasia.	Highly preferred indications	also include arterial disease,	such as, atherosclerosis,	hypertension, coronary artery	disease, inflammatory	vasculitides, Reynaud"s	disease and Reynaud"s	phenomenom, aneurysms,	restenosis; venous and	lymphatic disorders such as	thrombophlebitis,	lymphangitis, and	lymphedema; and other	vascular disorders such as	peripheral vascular disease,	preferred indications also
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	include trauma such as
	Common de la commo
	wounds, burns, and migured
	tissue (e.g., vascular ınjury
	such as, injury resulting from
	balloon angioplasty, and
	atheroschlerotic lesions),
	 implant fixation, scarring,
	ischemia reperfusion injury,
	rheumatoid arthritis,
	cerebrovascular disease, renal
	diseases such as acute renal
	failure, and osteoporosis.
	Additional highly preferred
	indications include stroke,
	graft rejection, diabetic or
	other retinopathies, thrombotic
-	and coagulative disorders,
	 vascularitis, lymph
	angiogenesis, sexual disorders,
	age-related macular
	degeneration, and treatment
	 /prevention of endometriosis
-	and related conditions.
	 Additional highly preferred
	indications include fibromas,
	heart disease, cardiac arrest,
	heart valve disease, and
	 vascular disease. Preferred
	indications include blood
	disorders (e.g., as described
	below under "Immune

				Activity", "Blood-Related
				Disorders", and/or
				"Cardiovascular Disorders").
				Preferred indications include
				autoimmune diseases (e.g.,
				rheumatoid arthritis, systemic
				lupus erythematosis, multiple
				sclerosis and/or as described
				below) and
				immunodeficiencies (e.g., as
				described below). Additional
				preferred indications include
				inflammation and
				inflammatory disorders (such
				as acute and chronic
				inflammatory diseases, e.g.,
				inflammatory bowel disease
				and Crohn's disease), and pain
				management.
HTAEE28	818	Insulin Secretion	Assays for measuring secretion	A highly preferred indication
			of insulin are well-known in	is diabetes mellitus. An
			the art and may be used or	additional highly preferred
			routinely modified to assess	indication is a complication
			the ability of polypeptides of	associated with diabetes (e.g.,
			the invention (including	diabetic retinopathy, diabetic
			antibodies and agonists or	nephropathy, kidney disease
			antagonists of the invention) to	(e.g., renal failure,
			stimulate insulin secretion.	nephropathy and/or other
			For example, insulin secretion	diseases and disorders as
			is measured by FMAT using	described in the "Renal
			anti-rat insulin antibodies.	Disorders" section below),

	Insulin secretion from	diabetic neuropathy, nerve
	pancreatic heta cells is	disease and nerve damage
	pancicatio octa octis is	(e a due to diahetic
	upregulated by gracose and	(c.g., auc to diagonal
	also by certain	neuropatny), blood vessel
	proteins/peptides, and	blockage, heart disease, stroke,
	disregulation is a key	impotence (e.g., due to diabetic
	component in diabetes.	neuropathy or blood vessel
	Exemplary assays that may be	blockage), seizures, mental
	used or routinely modified to	confusion, drowsiness,
	test for stimulation of insulin	nonketotic hyperglycemic-
	secretion (from pancreatic	hyperosmolar coma,
	cells) by polypeptides of the	cardiovascular disease (e.g.,
	invention (including antibodies	heart disease, atherosclerosis,
	and agonists or antagonists of	microvascular disease,
	the invention) include assays	hypertension, stroke, and other
	disclosed in: Shimizu, H., et	diseases and disorders as
	al., Endocr J, 47(3):261-9	described in the
	(2000); Salapatek, A.M., et al.,	"Cardiovascular Disorders"
	Mol Endocrinol, 13(8):1305-	section below), dyslipidemia,
	17 (1999); Filipsson, K., et al.,	endocrine disorders (as
	Ann N Y Acad Sci, 865:441-4	described in the "Endocrine
	(1998); Olson, L.K., et al., J	Disorders" section below),
	Biol Chem, 271(28):16544-52	neuropathy, vision impairment
	(1996); and, Miraglia S et. al.,	(e.g., diabetic retinopathy and
	Journal of Biomolecular	blindness), ulcers and impaired
	Screening, 4:193-204 (1999),	wound healing, and infection
	the contents of each of which	(e.g., infectious diseases and
	is herein incorporated by	disorders as described in the
	reference in its entirety.	"Infectious Diseases" section
	Pancreatic cells that may be	below, especially of the
	used according to these assays	urinary tract and skin), carpal

			are publicly available (e.g.,	tunnel syndrome and
	•		through the ATCC) and/or	Dupuytren's contracture).
			may be routinely generated.	An additional highly preferred
			that	indication is obesity and/or
			may be used according to these	complications associated with
			assays include HITT15 Cells.	obesity. Additional highly
			HITT15 are an adherent	preferred indications include
			epithelial cell line established	weight loss or alternatively,
			from Syrian hamster islet cells	weight gain. Additional highly
			transformed with SV40. These	preferred indications are
			cells express glucagon,	complications associated with
			somatostatin, and	insulin resistance.
			glucocorticoid receptors. The	
			cells secrete insulin, which is	
			stimulated by glucose and	
			glucagon and suppressed by	
			somatostatin or	
			glucocorticoids. ATTC# CRL-	
			1777 Refs: Lord and	
			Ashcroft. Biochem. J. 219:	
			547-551; Santerre et al. Proc.	
			Natl. Acad. Sci. USA 78:	
			4339-4343, 1981.	
HTECC05	819	Regulation of	Assays for the regulation of	A highly preferred indication
		viability and	viability and proliferation of	is diabetes mellitus. An
		proliferation of	cells in vitro are well-known in	additional highly preferred
		pancreatic beta	the art and may be used or	indication is a complication
		cells.	routinely modified to assess	associated with diabetes (e.g.,
			the ability of polypeptides of	diabetic retinopathy, diabetic
			the invention (including	nephropathy, kidney disease
			antibodies and agonists or	(e.g., renal failure,

antagonists of the invention) to	nephropathy and/or other
regulate viability and	
proliferation of pancreatic beta	described in the "Renal
cells. For example, the Cell	Disorders" section below),
Titer-Glo luminescent cell	diabetic neuropathy, nerve
viability assay measures the	disease and nerve damage
number of viable cells in	(e.g., due to diabetic
culture based on quantitation	neuropathy), blood vessel
of the ATP present which	blockage, heart disease, stroke,
signals the presence of	impotence (e.g., due to diabetic
metabolically active cells.	neuropathy or blood vessel
Exemplary assays that may be	blockage), seizures, mental
 used or routinely modified to	confusion, drowsiness,
test regulation of viability and	nonketotic hyperglycemic-
 proliferation of pancreatic beta	hyperosmolar coma,
cells by polypeptides of the	cardiovascular disease (e.g.,
invention (including antibodies	heart disease, atherosclerosis,
 and agonists or antagonists of	microvascular disease,
the invention) include assays	hypertension, stroke, and other
disclosed in: Friedrichsen BN,	diseases and disorders as
et al., Mol Endocrinol,	described in the
15(1):136-48 (2001); Huotari	"Cardiovascular Disorders"
 MA, et al., Endocrinology,	section below), dyslipidemia,
 139(4):1494-9 (1998); Hugl	endocrine disorders (as
SR, et al., J Biol Chem 1998	described in the "Endocrine
Jul 10;273(28):17771-9	Disorders" section below),
(1998), the contents of each of	neuropathy, vision impairment
which is herein incorporated	(e.g., diabetic retinopathy and
by reference in its entirety.	blindness), ulcers and impaired
Pancreatic cells that may be	wound healing, and infection
used according to these assays	(e.g., infectious diseases and

disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" social below)
are publicly available (e.g., through the ATCC) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semiadherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari et al. Endocrinology 1992	Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis.
	ICAM in OE19 SEAP in UMR-106 Regulation of transcription of Malic Enzyme in hepatocytes
	819 820
	HTECC05 HTEEB42 HTEEB42

		lipogenesisand its expression is	diabetic neuropathy, nerve
	<u> </u>	stimulted by insulin. ME	disease and nerve damage
	0.	promoter contains two direct	(e.g., due to diabetic
		repeat (DR1)- like elements	neuropathy), blood vessel
		MEp and MEd identified as	blockage, heart disease, stroke,
		putative PPAR response	impotence (e.g., due to diabetic
		elements. ME promoter may	neuropathy or blood vessel
-	8	also responds to AP1 and other	blockage), seizures, mental
	<del></del>	transcription factors.	confusion, drowsiness,
	<u> </u>	Exemplary assays that may be	nonketotic hyperglycemic-
		used or routinely modified to	hyperosmolar coma,
		test for regulation of	cardiovascular disease (e.g.,
		transcription of Malic Enzyme	heart disease, atherosclerosis,
		(in hepatocytes) by	microvascular disease,
		polypeptides of the invention	hypertension, stroke, and other
		(including antibodies and	diseases and disorders as
		agonists or antagonists of the	described in the
		invention) include assays	"Cardiovascular Disorders"
	0	disclosed in: Streeper, R.S., et	section below), dyslipidemia,
	8	al., Mol Endocrinol,	endocrine disorders (as
		12(11):1778-91 (1998);	described in the "Endocrine
		Garcia-Jimenez, C., et al., Mol	Disorders" section below),
	<u> </u>	Endocrinol, 8(10):1361-9	neuropathy, vision impairment
		(1994); Barroso, I., et al., J	(e.g., diabetic retinopathy and
		Biol Chem, 274(25):17997-	blindness), ulcers and impaired
		8004 (1999); Ijpenberg, A., et	wound healing, and infection
	8	al., J Biol Chem,	(e.g., infectious diseases and
		272(32):20108-20117 (1997);	disorders as described in the
		Berger, et al., Gene 66:1-10	"Infectious Diseases" section
		(1988); and, Cullen, B., et al.,	below, especially of the
		Methods in Enzymol.	urinary tract and skin), carpal

tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Aditional highly preferred indications are complications associated with insulin resistance.	A highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. An additional highly preferred indication is diabetes mellitus. An additional highly preferred
216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or may be routinely generated. Exemplary hepatocytes that may be used according to these assays includes the mouse 3T3-L1 is a mouse preadipocyte cell line (adherent). It is a continuous substrain of 3T3 fibroblasts developed through clonal isolation. Cells undergo a preadipocyte to adipose-like conversion under appropriate differentiation culture conditions.	Assays for the activation of transcription through the cAMP response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the
	Activation of transcription through cAMP response element (CRE) in preadipocytes.
	821
	HTEFU65

indication is a complication associated with diabetes (e.g.,	diabetic retinopathy, diabetic	nephropathy, kidney disease	(e.g., renal failure,	nephropathy and/or other	diseases and disorders as	described in the "Renal	Disorders" section below),	diabetic neuropathy, nerve	disease and nerve damage	(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),
invention) to increase cAMP, regulate CREB transcription	factors, and modulate	expression of genes involved	in a wide variety of cell	functions. For example, a	3T3-L1/CRE reporter assay	may be used to identify factors	that activate the cAMP	signaling pathway. CREB	plays a major role in	adipogenesis, and is involved	in differentiation into	adipocytes. CRE contains the	binding sequence for the	transcription factor CREB	(CRE binding protein).	Exemplary assays for	transcription through the	cAMP response element that	may be used or routinely	modified to test cAMP-	response element activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn
								_																		-			

				et al Proc Natl Acad Sci USA	neuropathy, vision impairment
,				85:6342-6346 (1988): Reusch	(e.g., diabetic retinopathy and
				et al., Mol Cell Biol	blindness), ulcers and impaired
				20(3):1008-1020 (2000); and	wound healing, and infection
				Klemm et al., J Biol Chem	(e.g., infectious diseases and
				273:917-923 (1998), the	disorders as described in the
				contents of each of which are	"Infectious Diseases" section
				herein incorporated by	below, especially of the
				reference in its entirety. Pre-	urinary tract and skin), carpal
				adipocytes that may be used	tunnel syndrome and
				according to these assays are	Dupuytren's contracture).
_				publicly available (e.g.,	Additional highly preferred
				through the ATCC) and/or	indications are complications
				may be routinely generated.	associated with insulin
				Exemplary mouse adipocyte	resistance.
				cells that may be used	
				according to these assays	
				include 3T3-L1 cells. 3T3-L1	
				is an adherent mouse	
				preadipocyte cell line that is a	
				continuous substrain of 3T3	
				fibroblast cells developed	
				through clonal isolation and	
				undergo a pre-adipocyte to	
				adipose-like conversion under	
				appropriate differentiation	
				conditions known in the art.	
	HTEFU65	821	Regulation of	Assays for the regulation of	A highly preferred
			transcription of	transcription of Malic Enzyme	indication is diabetes mellitus.
			Malic Enzyme in	are well-known in the art and	An additional highly preferred
			hepatocytes	may be used or routinely	indication is a complication

	willide to assess the ability	associated with diahetes (e o
	incurred to assess the admity	1:11 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4: 4:
	of polypeptides of the	diabetic retinopatny, diabetic
	invention (including antibodies	nephropathy, kidney disease
	and agonists or antagonists of	(e.g., renal failure,
	the invention) to regulate	nephropathy and/or other
	transcription of Malic Enzyme,	diseases and disorders as
	a key enzyme in lipogenesis.	described in the "Renal
	Malic enzyme is involved in	Disorders" section below),
	lipogenesisand its expression is	diabetic neuropathy, nerve
	stimulted by insulin. ME	disease and nerve damage
	promoter contains two direct	(e.g., due to diabetic
	repeat (DR1)- like elements	neuropathy), blood vessel
	MEp and MEd identified as	blockage, heart disease, stroke,
	putative PPAR response	impotence (e.g., due to diabetic
	elements. ME promoter may	neuropathy or blood vessel
	also responds to AP1 and other	blockage), seizures, mental
	transcription factors.	confusion, drowsiness,
	Exemplary assays that may be	nonketotic hyperglycemic-
	used or routinely modified to	hyperosmolar coma,
	test for regulation of	cardiovascular disease (e.g.,
 	transcription of Malic Enzyme	heart disease, atherosclerosis,
	(in hepatocytes) by	microvascular disease,
	polypeptides of the invention	hypertension, stroke, and other
	(including antibodies and	diseases and disorders as
	agonists or antagonists of the	described in the
	invention) include assays	"Cardiovascular Disorders"
	disclosed in: Streeper, R.S., et	section below), dyslipidemia,
	al., Mol Endocrinol,	endocrine disorders (as
	12(11):1778-91 (1998);	described in the "Endocrine
	Garcia-Jimenez, C., et al., Mol	Disorders" section below),
	Endocrinol, 8(10):1361-9	neuropathy, vision impairment

·		Biol Chem, 274(25):17997-8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	blindness), ulcers and impaired wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		8004 (1999); Ijpenberg, A., et al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	wound healing, and infection (e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture).  An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		al., J Biol Chem, 272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g.,	(e.g., infectious diseases and disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
·		272(32):20108-20117 (1997); Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362-368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	disorders as described in the "Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
·		Berger, et al., Gene 66:1-10 (1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	"Infectious Diseases" section below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		(1988); and, Cullen, B., et al., Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	below, especially of the urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
,		Methods in Enzymol. 216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		216:362–368 (1992), the contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		contents of each of which is herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		herein incorporated by reference in its entirety. Hepatocytes that may be used according to these assays are publicly available (e.g., through the ATCC) and/or	An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		reference in its entirety.  Hepatocytes that may be used according to these assays are publicly available (e.g.,	indication is obesity and/or complications associated with obesity. Additional highly preferred indications include
		Hepatocytes that may be used according to these assays are publicly available (e.g.,	complications associated with obesity. Additional highly preferred indications include
		according to these assays are publicly available (e.g.,	obesity. Additional highly preferred indications include
		publicly available (e.g.,	preferred indications include
		through the ATCC) and/or	La lana an altamostimole
		an age are trained and	weight loss or alternatively,
		may be routinely generated.	weight gain. Aditional
		Exemplary hepatocytes that	highly preferred indications are
-		may be used according to these	complications associated with
		assays includes the mouse	insulin resistance.
		3T3-L1 cell line. 3T3-L1 is a	
		mouse preadipocyte cell line	
		(adherent). It is a continuous	
		substrain of 3T3 fibroblasts	
		developed through clonal	
		isolation. Cells undergo a pre-	
		adipocyte to adipose-like	
		conversion under appropriate	
		differentiation culture	
		conditions.	
HTEFU65 821	Myoblast cell	Assays for muscle cell	Highly preferred indications

	proliferation	proliferation are well known in   include diabetes, myopathy,	include diabetes, myopathy,
	<b>-</b>	the art and may be used or	muscle cell atrophy, cancers of
		routinely modified to assess	muscle (such as,
		the ability of polypeptides of	rhabdomyoma, and
		the invention (including	rhabdosarcoma),
		antibodies and agonists or	cardiovascular disorders (such
		antagonists of the invention) to	as congestive heart failure,
		stimulate or inhibit myoblast	cachexia, myxomas, fibromas,
		cell proliferation. Exemplary	congenital cardiovascular
		assays for myoblast cell	abnormalities, heart disease,
		proliferation that may be used	cardiac arrest, heart valve
		or routinely modified to test	disease, vascular disease, and
		activity of polypeptides and	also as described below under
	-	antibodies of the invention	"Cardiovascular Disorders"),
		(including agonists or	stimulating myoblast
		antagonists of the invention)	proliferation, and inhibiting
		include, for example, assays	myoblast proliferation.
		disclosed in: Soeta, C., et al.	
-		"Possible role for the c-ski	
		gene in the proliferation of	
		myogenic cells in regenerating	
		skeletal muscles of rats" Dev	
		Growth Differ Apr;43(2):155-	
		64 (2001); Ewton DZ, et al.,	
		"IGF binding proteins-4, -5	
		and -6 may play specialized	
		roles during L6 myoblast	
		proliferation and	
		differentiation" J Endocrinol	
		Mar;144(3):539-53 (1995);	
		and, Pampusch MS, et	

al.,"Effect of transforming	growth factor beta on	proliferation of L6 and	embryonic porcine myogenic	cells" J Cell Physiol	Jun;143(3):524-8 (1990); the	contents of each of which are	herein incorporated by	reference in their entirety.	Exemplary myoblast cells that	may be used according to these	assays include the rat myoblast	L6 cell line. Rat myoblast L6	cells are an adherent rat	myoblast cell line, isolated	from primary cultures of rat	thigh muscle, that fuse to form	multinucleated myotubes and	striated fibers after culture in	differentiation media.	Reporter Assay: construct	contains regulatory and coding	sequence of squalene	synthetase, the first specific	enzyme in the cholesterol	biosynthetic pathway. See	Jiang, et al., J. Biol. Chem.	268:12818-128241(993), the	contents of which are herein	incorporated by reference in its	entirety. Cells were treated
																				Inhibition of	squalene synthetase	gene transcription.								
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	A highly preferred embodiment of the invention includes a method for stimulating the production of IFNg. An alternative highly preferred embodiment of the invention includes a method for inhibiting the production of IFNg. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), and infection (e.g., viral infections, tuberculosis,	chronic granulomatosus disease and malignant osteoporosis, and/or as
with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (ATCC HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	IFNgamma FMAT. IFNg plays a central role in the immune system and is considered to be a proinflammatory cytokine. IFNg promotes TH1 and inhibits TH2 differentiation; promotes IgG2a and inhibits lgE secretion; induces macrophage activation; and increases MHC expression. Assays for immunomodulatory proteins produced by T cells and NK cells that regulate a variety of inflammatory activities and inhibit TH2 helper cell functions are well known in the art and may be	used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and
	Production of IFNgamma using a T cells	
	821	
	HTEFU65	

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described below under "Infectious Disease"). Highly	preferred indications include autoimmune disease (e.g.,	rheumatoid arthritis, systemic	- lupus erythematosis, multiple	sclerosis and/or as described	below), immunodeficiency	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders.	Additional preferred	indications include idiopathic	pulmonary fibrosis. Highly	preferred indications include	neoplastic diseases (e.g.,	leukemia, lymphoma,	melanoma, and/or as described	below under	"Hyperproliferative	Disorders"). Highly preferred	indications include neoplasms	and cancers, such as, for	example, leukemia, lymphoma,	melanoma, and prostate,	breast, lung, colon, pancreatic,
agonists or antagonists of the invention) to mediate	immunomodulation, regulate inflammatory activities,	modulate TH2 helper cell	function, and/or mediate	humoral or cell-mediated	immunity. Exemplary assays	that test for	immunomodulatory proteins	evaluate the production of	cytokines, such as Interferon	gamma (IFNg), and the	activation of T cells. Such	assays that may be used or	routinely modified to test	immunomodulatory activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include the assays	disclosed in Miraglia et al., J	Biomolecular Screening 4:193-	204 (1999); Rowland et al.,	"Lymphocytes: a practical	approach" Chapter 6:138-160	(2000); Gonzalez et al., J Clin	Lab Anal 8(5):225-233 (1995);	Billiau et al., Ann NY Acad	Sci 856:22-32 (1998); Boehm	et al., Annu Rev Immunol
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				15:749-795 (1997), and	esophageal, stomach, brain
				Rheumatology (Oxford)	liver and urinary cancer. Other
				38(3):214-20 (1999), the	preferred indications include
				contents of each of which are	benign dysproliferative
				herein incorporated by	disorders and pre-neoplastic
				reference in its entirety.	conditions, such as, for
_				Human T cells that may be	example, hyperplasia,
				used according to these assays	metaplasia, and/or dysplasia.
_				may be isolated using	Preferred indications include
				techniques disclosed herein or	anemia, pancytopenia,
				otherwise known in the art.	leukopenia, thrombocytopenia,
				Human T cells are primary	Hodgkin's disease, acute
				human lymphocytes that	lymphocytic anemia (ALL),
				mature in the thymus and	plasmacytomas, multiple
				express a T Cell receptor and	myeloma, Burkitt's lymphoma,
				CD3, CD4, or CD8. These	arthritis, AIDS, granulomatous
				cells mediate humoral or cell-	disease, inflammatory bowel
				mediated immunity and may	disease, sepsis, neutropenia,
				be preactivated to enhance	neutrophilia, psoriasis,
				responsiveness to	suppression of immune
				immunomodulatory factors.	reactions to transplanted
					organs and tissues,
					hemophilia, hypercoagulation,
					diabetes mellitus, endocarditis,
					meningitis, Lyme Disease,
					asthma and allergy.
	HIEFU65	821	Stimulation of	Assays for measuring secretion	A highly preferred
			insulin secretion	of insulin are well-known in	indication is diabetes mellitus.
			from pancreatic	the art and may be used or	An additional highly preferred
			beta cells.	routinely modified to assess	indication is a complication
				the ability of polypeptides of	associated with diabetes (e.g.,

	the invention (including	diahetic retinonathy diahetic
	antibodies and agonists or	nenhronathy kidney disease
	antagonists of the invention) to	(e o renal failure
	stimulate insulin secretion	nephronathy and/or other
-	For example inculin secretion	disposes and disorders as
	i or example, mount secretion	described in the "Denot
	is measured by rivial using	described in the Kenal
	anti-rat insulin antibodies.	Disorders" section below),
	Insulin secretion from	diabetic neuropathy, nerve
	pancreatic beta cells is	disease and nerve damage
	upregulated by glucose and	(e.g., due to diabetic
	also by certain	neuropathy), blood vessel
	proteins/peptides, and	blockage, heart disease, stroke,
	disregulation is a key	impotence (e.g., due to diabetic
	component in diabetes.	neuropathy or blood vessel
	Exemplary assays that may be	blockage), seizures, mental
	used or routinely modified to	confusion, drowsiness,
	test for stimulation of insulin	nonketotic hyperglycemic-
	secretion (from pancreatic	hyperosmolar coma,
	cells) by polypeptides of the	cardiovascular disease (e.g.,
	invention (including antibodies	heart disease, atherosclerosis,
	and agonists or antagonists of	microvascular disease,
	the invention) include assays	hypertension, stroke, and other
	disclosed in: Ahren, B., et al.,	diseases and disorders as
	Am J Physiol, 277(4 Pt	described in the
	2):R959-66 (1999); Li, M., et	"Cardiovascular Disorders"
	al., Endocrinology,	section below), dyslipidemia,
	138(9):3735-40 (1997); Kim,	endocrine disorders (as
	K.H., et al., FEBS Lett,	described in the "Endocrine
	377(2):237-9 (1995); and,	Disorders" section below),
	Miraglia S et. al., Journal of	neuropathy, vision impairment
	Biomolecular Screening,	(e.g., diabetic retinopathy and

4:193-204 (1999), the contents   blindness), ulcers and impaired	incorporated by reference in its (e.g., infectious diseases and	may be used according to these   "Infectious Diseases" section	assays are publicly available below, especially of the		generated. Exemplary Dupuytren's contracture).	ay be	used according to these assays indication is obesity and/or	include rat INS-1 cells. INS-1   complications associated with	cells are a semi-adherent cell obesity. Additional highly	line established from cells preferred indications include	isolated from an X-ray induced   weight loss or alternatively,	rat transplantable insulinoma.   weight gain. Aditional	These cells retain highly preferred indications are	characteristics typical of native   complications associated with	pancreatic beta cells including insulin resistance.	glucose inducible insulin	secretion. References: Asfari	et al. Endocrinology 1992			Signaling Pathway assay, for ERK signal includes a method for	transduction that regulate cell stimulating adipocyte	proliferation or differentiation proliferation. An alternative	are well known in the art and highly preferred embodiment	may be used or routinely of the invention includes a	
																			HTEGA76 822 Activation of	Adipocyte ERK	Signa					_

				-															-					
adipocyte proliferation. A highly preferred embodiment of the invention includes a	method for stimulating adipocyte differentiation. An	alternative highly preferred embodiment of the invention	includes a method for inhihiting adinocyte	differentiation. A highly	preferred embodiment of the	Invention includes a method for stimulating (e.g.,	increasing) adipocyte	activation. An alternative	highly preferred embodiment	of the invention includes a	method for inhibiting the	activation of (e.g., decreasing)	and/or inactivating adipocytes.	Highly preferred indications	include endocrine disorders	(e.g., as described below under	"Endocrine Disorders").	Highly preferred indications	also include neoplastic	diseases (e.g., lipomas,	liposarcomas, and/or as	described below under	"Hyperproliferative	Disorders"). Preferred
of polypeptides of the invention (including antibodies and agonists or antagonists of	the invention) to promote or inhibit cell proliferation,	activation, and differentiation. Exemplary assays for ERK	kinase activity that may be used or routinely modified to	test ERK kinase-induced	activity of polypeptides of the	invention (including antibodies and agonists of antagonists of	the invention) include the	assays disclosed in Forrer et	al., Biol Chem 379(8-9):1101-	1110 (1998); Le Marchand-	Brustel Y, Exp Clin	Endocrinol Diabetes	107(2):126-132 (1999);	Kyriakis JM, Biochem Soc	Symp 64:29-48 (1999); Chang	and Karin, Nature	410(6824):37-40 (2001); and	Cobb MH, Prog Biophys Mol	Biol 71(3-4):479-500 (1999);	the contents of each of which	are herein incorporated by	reference in its entirety.	Mouse adipocyte cells that	may be used according to these
	_																							

indications include blood disorders (e.g., hypertension, congestive heart failure, blood vessel blockage, heart disease,	stroke, impotence and/or as described below under "Immune Activity",	"Cardiovascular Disorders", and/or "Blood-Related Disorders"), immune disorders (e.g., as described below under	"Immune Activity"), neural disorders (e.g., as described below under "Neural Activity and Neurological Diseases")	and infection (e.g., as described below under "Infectious Disease").  A highly preferred indication	is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic	(e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve
assays are publicly available (e.g., through the ATCC). Exemplary mouse adipocyte cells that may be used	according to these assays include 3T3-L1 cells. 3T3-L1 is an adherent mouse	preadipocyte cell line that is a continuous substrain of 3T3 fibroblast cells developed through clonal isolation and	undergo a pre-adipocyte to adipose-like conversion under appropriate differentiation			

	disease and nerve damage	age
	(e.g., due to diabetic	
	neuropathy), blood vessel	ssel
-	blockage, heart disease, stroke,	e, stroke,
	impotence (e.g., due to diabetic	diabetic
	neuropathy or blood vessel	essel
	blockage), seizures, mental	ental
	confusion, drowsiness,	
	nonketotic hyperglycemic-	mic-
	hyperosmolar coma,	
	cardiovascular disease (e.g.,	(e.g.,
	heart disease, atherosclerosis,	lerosis,
	microvascular disease,	
	hypertension, stroke, and other	nd other
	diseases and disorders as	as
	described in the	
	"Cardiovascular Disorders"	ders"
	section below), dyslipidemia,	demia,
	endocrine disorders (as	
	described in the "Endocrine	crine
	Disorders" section below),	)w),
	neuropathy, vision impairment	airment
	(e.g., diabetic retinopathy and	thy and
	blindness), ulcers and impaired	impaired
	wound healing, infection (e.g.,	on (e.g.,
	infectious diseases and	
	disorders as described in the	in the
-	"Infectious Diseases" section	ection
	below (particularly of the	the
	urinary tract and skin).	An
	additional highly preferred	rred

	indication is obesity and/or
	complications associated with
	obesity Additional highly
	preferred indications include
	weight loss or alternatively,
	weight gain. Additional
	highly preferred indications are
	 complications associated with
	insulin resistance.
	Additional highly preferred
	indications are disorders of the
	musculoskeletal systems
	including myopathies,
	muscular dystrophy, and/or as
	described herein.
	Additional highly preferred
	indications include,
	hypertension, coronary artery
-	disease, dyslipidemia,
	gallstones, osteoarthritis,
	degenerative arthritis, eating
	disorders, fibrosis, cachexia,
	and kidney diseases or
	disorders. Preferred
	indications include neoplasms
	and cancer, such as,
	lymphoma, leukemia and
	breast, colon, and kidney
	cancer. Additional preferred
-	indications include melanoma,
	prostate, lung, pancreatic,

					esophageal, stomach, brain,
					liver, and urinary cancer.
					Highly preferred indications
					include lipomas and
					liposarcomas. Other preferred
					indications include benign
					dysproliferative disorders and
	-				pre-neoplastic conditions, such
					as, for example, hyperplasia,
					metaplasia, and/or dysplasia.
	HTEGA76	822	Endothelial Cell	Caspase Apoptosis. Assays for	A highly preferred
			Apoptosis	caspase apoptosis are well	embodiment of the invention
				known in the art and may be	includes a method for
				used or routinely modified to	stimulating endothelial cell
•				assess the ability of	growth. An alternative highly
				polypeptides of the invention	preferred embodiment of the
				(including antibodies and	invention includes a method
				agonists or antagonists of the	for inhibiting endothelial cell
			`	invention) to promote caspase	growth. A highly preferred
				protease-mediated apoptosis.	embodiment of the invention
				Induction of apoptosis in	includes a method for
				endothelial cells supporting the	stimulating endothelial cell
				vasculature of tumors is	proliferation. An alternative
				associated with tumor	highly preferred embodiment
				regression due to loss of tumor	of the invention includes a
		-		blood supply. Exemplary	method for inhibiting
				assays for caspase apoptosis	endothelial cell proliferation.
				that may be used or routinely	A highly preferred
				modified to test capase	embodiment of the invention
				apoptosis activity of	includes a method for
				polypeptides of the invention	stimulating apoptosis of

(including antibodies and endothelial cells. An	the	invention) include the assays embodiment of the invention	disclosed in Lee et al., FEBS includes a method for	Lett 485(2-3): 122-126 (2000);   inhibiting (e.g., decreasing)		and Harlan, J Atheroscler embodiment of the invention	Thromb 3(2): 75-80 (1996); includes a method for	the contents of each of which stimulating angiogenisis. An	are herein incorporated by alternative highly preferred	reference in its entirety. embodiment of the invention	Endothelial cells that may be includes a method for	used according to these assays inhibiting angiogenesis. A	 through commercial sources). of the invention includes a	Exemplary endothelial cells method for reducing cardiac	that may be used according to hypertrophy. An alternative	these assays include bovine highly preferred embodiment	(bAEC), which are an example   method for inducing cardiac	of endothelial cells which line hypertrophy. Highly	blood vessels and are involved   preferred indications include	in functions that include, but neoplastic diseases (e.g., as	are not limited to, described below under	angiogenesis, vascular "Hyperproliferative	permeability, vascular tone, Disorders"), and disorders of	on.	(e.g., heart disease, congestive	heart failure hypertension.	Constant and the contract of t
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sarcoma, and retinal disorders.	include neoplasms and cancer.	such as, Kaposi"s sarcoma,	hemangioma (capillary and	cavernous), glomus tumors,	telangiectasia, bacillary	angiomatosis,	hemangioendothelioma,	angiosarcoma,	haemangiopericytoma,	lymphangioma,	lymphangiosarcoma. Highly	preferred indications also	include cancers such as,	prostate, breast, lung, colon,	pancreatic, esophageal,	stomach, brain, liver, and	urinary cancer. Preferred	indications include benign	dysproliferative disorders and	pre-neoplastic conditions, such	as, for example, hyperplasia,	metaplasia, and/or dysplasia.	Highly preferred indications	also include arterial disease,	such as, atherosclerosis,	hypertension, coronary artery	disease, inflammatory	vasculitides, Reynaud's	disease and Reynaud"s
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phenomenom, aneurysms,	restenosis; venous and	lymphatic disorders such as	thrombophlebitis,	lymphangitis, and	lymphedema; and other	vascular disorders such as	peripheral vascular disease,	and cancer. Highly	preferred indications also	include trauma such as	wounds, burns, and injured	tissue (e.g., vascular injury	such as, injury resulting from	balloon angioplasty, and	atheroschlerotic lesions),	implant fixation, scarring,	ischemia reperfusion injury,	rheumatoid arthritis,	cerebrovascular disease, renal	diseases such as acute renal	failure, and osteoporosis.	Additional highly preferred	indications include stroke,	graft rejection, diabetic or	other retinopathies, thrombotic	and coagulative disorders,	vascularitis, lymph	angiogenesis, sexual disorders,	age-related macular	degeneration, and treatment
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/prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammation and inflammatory disorders (such as acute and chronic inflammatory bowel disease and Crohn's disease), and pain	management. A highly preferred embodiment of the invention
	MIP-1alpha FMAT. Assays for immunomodulatory
	Production of MIP1alpha
	823
	HTELM16

proteins produced by activated dendritic cells that upregulate monocytemacophage and T monocytex/macophage and T methodinent of the invention known in the art and may be cell chemotaxis are well cell chemotaxis are well collected a method for used or routinely modified to assess the ability of assess the ability of polypeptides of the invention includes a method for including antibodies and assess the ability of including antibodies and infection (e.g., reducing) polypeptides of the invention (including antibodies and assess that est for invention) to mediate inmonomodulatory proteins assays that test for evaluate the production of chemotaxis, and modulate T clearly preferred indications include assays that test for evaluate the production of chemotytes/macrophages and T chemotytes/macrophages and T systemic lupus crythematosis, monocytes/macrophages and T systemic lupus crythematosis, monocytes/macrophages and manumonodulatory and esscribed below) and chemotaxis activity of systemic lupus crythematosis and esseribed below). Additional chemotaxis activity of escribed below) and chemotaxis activity of escribed below). Additional chemotaxis activity of escribed below, Additional chemotaxis activity of escribed below) and escribed below) and escribed below) and escribed below) and chemotaxis activity of escribed below). Additional chemotaxis activity of escribed below, and escribed below, as agoints to the invention include assays include assays include assays include assays include assays include anemia, pancytopenia, disolosed in Mingalia et al., 3 leukopenia, allowed in memory and an end and an end and an end as a classic disolosed in Mingalia et al., 3 leukopenia, allowed and an end and an end as a classic disolosed in Mingalia et al., 3 leukopenia, allowed and an end an	_																											_			
proteins produced by activated dendritic cells that upregulate monocyte/macrophage and T cell chemotaxis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mediate inwuntony outlate T cell differentiation. Exemplary assays that test for immunomodulatory proteins evaluate the production of chemotaxis, such as macrophage inflammatory protein I alpha (MIP-1a), and the activation of monocytes/macrophages and T cells. Such assays that may be used or routinely modified to test immunomodulatory and chemotaxis activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Miraglia et al., J	includes a method for	stimulating MIP1a production.	An alternative highly preferred	embodiment of the invention	includes a method for	inhibiting (e.g., reducing)	MIP1a production. A highly	is	infection (e.g., an infectious	disease as described below	under "Infectious Disease").	Preferred indications include	blood disorders (e.g., as	described below under	"Immune Activity", "Blood-	Related Disorders", and/or	"Cardiovascular Disorders").	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	multiple sclerosis and/or as	described below) and	immunodeficiencies (e.g., as	described below). Additional	highly preferred indications	include inflammation and	inflammatory disorders.	Preferred indications also	include anemia, pancytopenia,	leukopenia, thrombocytopenia,
	proteins produced by activated	dendritic cells that upregulate	monocyte/macrophage and T	cell chemotaxis are well	known in the art and may be	used or routinely modified to	assess the ability of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) to mediate	immunomodulation, modulate	chemotaxis, and modulate T	cell differentiation. Exemplary	assays that test for	immunomodulatory proteins	evaluate the production of	chemokines, such as	macrophage inflammatory	protein 1 alpha (MIP-1a), and	the activation of	monocytes/macrophages and T	cells. Such assays that may be	used or routinely modified to	test immunomodulatory and	chemotaxis activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Miraglia et al., J
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		Biomolecular Screening 4:193-	Hodgkin's disease, acute
		204(1999): Rowland et al	lymphocytic anemia (ALL),
		"Lymphocytes: a practical	plasmacytomas, multiple
		approach" Chapter 6:138-160	myeloma, Burkitt's lymphoma,
		(2000); Satthaporn and	arthritis, AIDS, granulomatous
		Eremin, J R Coll Surg Ednb	disease, inflammatory bowel
		45(1):9-19 (2001); Drakes et	disease, sepsis, neutropenia,
	<del></del>	al., Transp Immunol 8(1):17-	neutrophilia, psoriasis,
		29 (2000); Verhasselt et al., J	suppression of immune
		Immunol 158:2919-2925	reactions to transplanted
		(1997); and Nardelli et al., J	organs and tissues, hemophilia,
		Leukoc Biol 65:822-828	hypercoagulation, diabetes
		(1999), the contents of each of	mellitus, endocarditis,
-		 which are herein incorporated	meningitis, Lyme Disease,
		by reference in its entirety.	asthma, and allergy.
		Human dendritic cells that may	Preferred indications also
		be used according to these	include neoplastic diseases
		assays may be isolated using	(e.g., leukemia, lymphoma,
		 techniques disclosed herein or	and/or as described below
		otherwise known in the art.	under "Hyperproliferative
		Human dendritic cells are	Disorders"). Highly preferred
		 antigen presenting cells in	indications include neoplasms
		suspension culture, which,	and cancers, such as, leukemia,
		when activated by antigen	lymphoma, prostate, breast,
		and/or cytokines, initiate and	lung, colon, pancreatic,
		upregulate T cell proliferation	esophageal, stomach, brain,
		and functional activities.	liver, and urinary cancer. Other
			preferred indications include
			benign dysproliferative
			disorders and pre-neoplastic
			conditions, such as, for

				example, hyperplasia,
				metaplasia, and/or dysplasia.
HTELM16	823	Inhibition of	Reporter Assay: construct	
		squalene synthetase	contains regulatory and coding	
		gene transcription.	sequence of squalene	
			synthetase, the first specific	
			enzyme in the cholesterol	
			biosynthetic pathway. See	
			Jiang, et al., J. Biol. Chem.	
			268:12818-128241(993), the	
			contents of which are herein	
			incorporated by reference in its	
			entirety. Cells were treated	
			with SID supernatants, and	
			SEAP activity was measured	
			after 72 hours. HepG2 is a	
			human hepatocellular	
			carcinoma cell line (ATCC	
			HB-8065). See Knowles et al.,	
			Science. 209:497-9 (1980), the	
			contents of which are herein	
			incorporated by reference in its	
			entirety.	
HTELM16	823	TNFa in Human T-		
		cell 2B9		
HTELM16	823	Activation of	Assays for the activation of	A preferred embodiment of
		transcription	transcription through the	the invention includes a
		through serum	Serum Response Element	method for inhibiting (e.g.,
-		response element in	(SRE) are well-known in the	reducing) TNF alpha
		immune cells (such	art and may be used or	production. An alternative
		as T-cells).	routinely modified to assess	highly preferred embodiment
		as 1-consy.	וטמוווטול וווטמוווס וט מספסס	11.0mg

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	of the invention includes a	method for stimulating (e.g.,	increasing) TNF alpha	production. Preferred	indications include blood	disorders (e.g., as described	below under "Immune	Activity", "Blood-Related	Disorders", and/or	"Cardiovascular Disorders"),	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	inolindo moonloctio disconni
	the ability of polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention) to	regulate serum response	factors and modulate the	expression of genes involved	in growth and upregulate the	function of growth-related	genes in many cell types.	Exemplary assays for	transcription through the SRE	that may be used or routinely	modified to test SRE activity	of the polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Benson	et al., J Immunol 153(9):3862-	3873 (1994); and Black et al.,	Virus Genes 12(2):105-117	(1997), the content of each of	which are herein incorporated	by reference in its entirety.	TT T 11 . 11 . 1
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		used according to these assays are publicly available (e.g., through the ATCC).  Exemplary human T cells that may be used according to these assays include the JURKAT cell line, which is a suspension culture of leukemia cells that produce IL-2 when stimulated.	(e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma,
			arthritis, ALDS, granulomatous disease, inflammatory bowel
			disease, neutropenia, neutrophilia, psoriasis, suppression of immune

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reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious-Pisease")	A highly preferred	indication is diabetes mellitus.	An additional highly preferred	indication is a complication	associated with diabetes (e.g.,	diabetic retinopathy, diabetic	nephropathy, kidney disease	(e.g., renal failure,	nephropathy and/or other	diseases and disorders as	described in the "Renal	Disorders" section below),	diabetic neuropathy, nerve	disease and nerve damage	(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental
	Assays for the regulation of	transcription through the	PEPCK promoter are well-	known in the art and may be	used or routinely modified to	assess the ability of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) to activate the	PEPCK promoter in a reporter	construct and regulate liver	gluconeogenesis. Exemplary	assays for regulation of	transcription through the	PEPCK promoter that may be	used or routinely modified to	test for PEPCK promoter	activity (in hepatocytes) of	polypeptides of the invention
	Regulation of	transcription	through the PEPCK	promoter in	hepatocytes															
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	HTELP17																			
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		(including antibodies and	confusion, drowsiness.
		agonists or antagonists of the	nonketotic hyperalycemic-
		invention) include assays	hyperosmolar coma
		disologed in Downs of al Cons	ondianonnia diama
		disclosed in Berger et al., Gene	cardiovascular disease (e.g.,
		66:1-10 (1998); Cullen and	heart disease, atherosclerosis,
		Malm, Methods in Enzymol	microvascular disease,
		216:362-368 (1992); Henthorn	hypertension, stroke, and other
		et al., Proc Natl Acad Sci USA	diseases and disorders as
		85:6342-6346 (1988);	described in the
		Lochhead et al., Diabetes	"Cardiovascular Disorders"
		49(6):896-903 (2000); and	section below), dyslipidemia,
		Yeagley et al., J Biol Chem	endocrine disorders (as
		275(23):17814-17820 (2000),	described in the "Endocrine
		the contents of each of which	Disorders" section below),
		is herein incorporated by	neuropathy, vision impairment
		reference in its entirety.	(e.g., diabetic retinopathy and
-		Hepatocyte cells that may be	blindness), ulcers and impaired
	•	used according to these assays	wound healing, infection (e.g.,
	-	are publicly available (e.g.,	an infectious diseases or
		through the ATCC) and/or	disorders as described in the
		may be routinely generated.	"Infectious Diseases" section
		Exemplary liver hepatoma	below, especially of the
		cells that may be used	urinary tract and skin), carpal
		according to these assays	tunnel syndrome and
		include H4lle cells, which	Dupuytren's contracture).
		contain a tyrosine amino	An additional highly preferred
		transferase that is inducible	indication is obesity and/or
		with glucocorticoids, insulin,	complications associated with
-		or cAMP derivatives.	obesity. Additional highly
			preferred indications include
			weight loss or alternatively,

weight gain. Additional	highly preferred indications are	complications associated with	insulin resistance.	Additional highly preferred	indications are disorders of the	musculoskeletal systems	including myopathies,	muscular dystrophy, and/or as	described herein.	Additional highly preferred	indications include glycogen	storage disease (e.g.,	glycogenoses), hepatitis,	gallstones, cirrhosis of the	liver, degenerative or necrotic	liver disease, alcoholic liver	diseases, fibrosis, liver	regeneration, metabolic	disease, dyslipidemia and	cholesterol metabolism, and	hepatocarcinomas.	Highly preferred indications	include blood disorders (e.g.,	as described below under	"Immune Activity",	"Cardiovascular Disorders",	and/or "Blood-Related	Disorders"), immune disorders	(e.g., as described below under	"Immune Activity"), infection
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				(e.g., an infectious disease
				and/or disorder as described
				below under "Infectious
				Disease"), endocrine disorders
				(e.g., as described below under
				"Endocrine Disorders"), and
				neural disorders (e.g., as
				described below under "Neural
				Activity and Neurological
				Diseases").
				Additional preferred
				indications include neoplastic
				diseases (e.g., as described
				below under
				"Hyperproliferative
				Disorders"). Preferred
				indications include neoplasms
				and cancers, such as, leukemia,
				lymphoma, prostate, breast,
				lung, colon, pancreatic,
				esophageal, stomach, brain,
				and urinary cancer. A highly
				preferred indication is liver
				cancer. Other preferred
				indications include benign
				dysproliferative disorders and
				pre-neoplastic conditions, such
				as, for example, hyperplasia,
				metaplasia, and/or dysplasia.
HTELP17	824		Assays for measuring calcium	A highly preferred
		Calcium Flux in	flux are well-known in the art	indication is diabetes mellitus.

pancreatic beta	and may be used or routinely	An additional highly preferred
cells.	modified to assess the ability	indication is a complication
	of polypeptides of the	associated with diabetes (e.g.,
	invention (including antibodies	diabetic retinopathy, diabetic
	and agonists or antagonists of	nephropathy, kidney disease
	the invention) to mobilize	(e.g., renal failure,
	calcium. For example, the	nephropathy and/or other
	FLPR assay may be used to	diseases and disorders as
 	measure influx of calcium.	described in the "Renal
	Cells normally have very low	Disorders" section below),
	concentrations of cytosolic	diabetic neuropathy, nerve
	calcium compared to much	disease and nerve damage
	higher extracellular calcium.	(e.g., due to diabetic
	Extracellular factors can cause	neuropathy), blood vessel
	an influx of calcium, leading to	blockage, heart disease, stroke,
	activation of calcium	impotence (e.g., due to diabetic
	responsive signaling pathways	neuropathy or blood vessel
	and alterations in cell	blockage), seizures, mental
	functions. Exemplary assays	confusion, drowsiness,
	that may be used or routinely	nonketotic hyperglycemic-
	modified to measure calcium	hyperosmolar coma,
	flux by polypeptides of the	cardiovascular disease (e.g.,
	invention (including antibodies	heart disease, atherosclerosis,
	and agonists or antagonists of	microvascular disease,
	the invention) include assays	hypertension, stroke, and other
	disclosed in: Satin LS, et al.,	diseases and disorders as
	Endocrinology, 136(10):4589-	described in the
	601 (1995);Mogami H, et al.,	"Cardiovascular Disorders"
	Endocrinology, 136(7):2960-6	section below), dyslipidemia,
	(1995); Richardson SB, et al.,	endocrine disorders (as
	Biochem J, 288 (Pt 3):847-51	described in the "Endocrine

Cell Calcium 1989 Nov- Dec;10(8):535-41 (1989), the Cell Calcium 1989 Nov- Dec;10(8):535-41 (1989), the Contents of each of Which is Perezin incorporated by reference in its entirety. Parceasic cells that may be used according to these assays are publicly available (e.g., through the ATCC) and/or may be routinely generated. Exemplary panceratic cells that may be used according to these assays when the assays include HITT15 Cells. HITT15 are an adherent epithelial cell line easilished desays include HITT15 Cells. An additional highly from Syrian hamster islet cells somatostatin, and glucocorticoid receptors. The glucocorticoid receptors. The glucocorticoids express glucagon, somatostatin or glucocorticoids express and glucagon and suppressed by somatostatin or glucocorticoids. ATC#_CRL_ 1777 Refs. Lord and Ashcroft. Biochem. J. 219: A37-551: Santerre et al. Proc. Natl. Acad. Sci. USA 78: A38-434-51, 1981.																										
(1992); and, Meats, JE, et al., Cell Calcium 1989 Nov- Dec; 10(8):535-41 (1989), the contents of each of which is herein incorporated by reference in its entirety. Pancratic cells that may be used according to these assays are publicly available (e.g., through the ATCC) and/or may be used according to these assays include HITT15 Cells that may be used according to these assays include HITT15 cells that may be used according to these assays include HITT15 cells HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucose and glucose and glucose and glucose and glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL- 1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: A33-4343; 1981.	Disorders" section below), neuropathy, vision impairment (e.g., diabetic retinopathy and	wound healing, and infection	(e.g., infectious diseases and disorders as described in the	"Infectious Diseases" section	below, especially of the urinary tract and skin) camal	tunnel syndrome and	Dupuytren's contracture).	An additional highly preferred	indication is obesity and/or	complications associated with	obesity. Additional highly	preferred indications include	weight loss or alternatively,	weight gain. Aditional	highly preferred indications are	complications associated with	insulin resistance.									
	(1992); and, Meats, JE, et al., Cell Calcium 1989 Nov- Dec;10(8):535-41 (1989), the	herein incorporated by	reterence in its entirety.  Pancreatic cells that may be	used according to these assays	are publicly available (e.g., through the ATCC) and/or	may be routinely generated.	Exemplary pancreatic cells that	may be used according to these	assays include HITT15 Cells.	HITT15 are an adherent	epithelial cell line established	from Syrian hamster islet cells	transformed with SV40. These	cells express glucagon,	somatostatin, and	glucocorticoid receptors. The	cells secrete insulin, which is	stimulated by glucose and	glucagon and suppressed by	somatostatin or	glucocorticoids. ATTC# CRL-	1777 Refs: Lord and	Ashcroft. Biochem. J. 219:	547-551; Santerre et al. Proc.	Natl. Acad. Sci. USA 78:	4339-4343, 1981.
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	A highly preferred	indication is diabetes mellitus.	An additional highly preferred	indication is a complication	associated with diabetes (e.g.,	diabetic retinopathy, diabetic	nephropathy, kidney disease	(e.g., renal failure,	nephropathy and/or other	diseases and disorders as	described in the "Renal	Disorders" section below),	diabetic neuropathy, nerve	disease and nerve damage	(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"
	Assays for the regulation of	transcription through the	PEPCK promoter are well-	known in the art and may be	used or routinely modified to	assess the ability of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) to activate the	PEPCK promoter in a reporter	construct and regulate liver	gluconeogenesis. Exemplary	assays for regulation of	transcription through the	PEPCK promoter that may be	used or routinely modified to	test for PEPCK promoter	activity (in hepatocytes) of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988);	Lochhead et al., Diabetes
IL-4 in HMC	Regulation of	transcription	through the PEPCK	promoter in	hepatocytes						-																			
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HTELP17	HTELS08																													
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		49(6):896-903 (2000); and	section below), dyslipidemia,
,		Yeagley et al., J Biol Chem 275(23):17814-17820 (2000),	described in the "Endocrine
		the contents of each of which	Disorders" section below),
		is herein incorporated by	neuropathy, vision impairment
		reference in its entirety.	(e.g., diabetic retinopathy and
		Hepatocyte cells that may be	blindness), ulcers and impaired
		used according to these assays	wound healing, infection (e.g.,
		are publicly available (e.g.,	an infectious diseases or
		through the ATCC) and/or	disorders as described in the
		may be routinely generated.	"Infectious Diseases" section
		Exemplary liver hepatoma	below, especially of the
-		cells that may be used	urinary tract and skin), carpal
		according to these assays	tunnel syndrome and
	-	include H4lle cells, which	Dupuytren's contracture).
		contain a tyrosine amino	An additional highly preferred
		transferase that is inducible	indication is obesity and/or
		with glucocorticoids, insulin,	complications associated with
		or cAMP derivatives.	obesity. Additional highly
			preferred indications include
-			weight loss or alternatively,
			weight gain. Additional
			highly preferred indications are
			complications associated with
			insulin resistance.
			Additional highly preferred
			indications are disorders of the
			musculoskeletal systems
			including myopathies,
-			muscular dystrophy, and/or as
			described herein.

Additional highly preferred indications include glycogen	storage disease (e.g.,	glycogenoses), hepatitis,	gallstones, cirrhosis of the	liver, degenerative or necrotic	liver disease, alcoholic liver	diseases, fibrosis, liver	regeneration, metabolic	disease, dyslipidemia and	cholesterol metabolism, and	hepatocarcinomas.	Highly preferred indications	include blood disorders (e.g.,	as described below under	"Immune Activity",	"Cardiovascular Disorders",	and/or "Blood-Related	Disorders"), immune disorders	(e.g., as described below under	"Immune Activity"), infection	(e.g., an infectious disease	and/or disorder as described	below under "Infectious	Disease"), endocrine disorders	(e.g., as described below under	"Endocrine Disorders"), and	neural disorders (e.g., as	described below under "Neural	Activity and Neurological	Diseases").
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H	HTELS08	825	Inhibition of squalene synthetase gene transcription.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol	Additional preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"). Preferred indications include neoplasms and cancers, such as, leukemia, lymphoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, and urinary cancer. A highly preferred indication is liver cancer. Other preferred indication sinclude benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
				biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and	

SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (ATCC HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.			Assays for the activation of A highly preferred indication	transcription through the is obesity and/or complications		well-known in the art and may   Additional highly preferred	be used or routinely modified indications include weight loss		tion				ription	modulate diabetic retinopathy, diabetic	olved	riety of cell (e.g., renal failure,		3T3-L1/CRE reporter assay diseases and disorders as	may be used to identify factors   described in the "Renal	the cAMP Disorders" section below),	signaling pathway. CREB diabetic neuropathy, nerve
SEAP activity was me after 72 hours. HepG human hepatocellular carcinoma cell line (A HB-8065). See Know Science. 209:497-9 (1 contents of which are incorporated by refere entirety.	IL-6 in HUVEC	SEAP in 293/ISRE		transcription transcription	through cAMP   cAMP respon	ent	.e-	adipocytes. to assess the ability of	polypeptides	including ar	agonists or a	invention) to	regulate CRE	factors, and modulate	expression of	in a wide variety of cell	functions. Fo	3T3-L1/CRE	may be used	that activate the cAMP	signaling pat
	825	826	826						-												
	HTELS08	HTEPG70	HTEPG70															_			

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(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired	wound healing, and infection	(e.g., infectious diseases and	disorders as described in the	"Infectious Diseases" section	below, especially of the	urinary tract and skin), carpal	tunnel syndrome and	Dupuvfren's contracture)
adipogenesis, and is involved	in differentiation into	adipocytes. CRE contains the	binding sequence for the	transcription factor CREB	(CRE binding protein).	Exemplary assays for	transcription through the	cAMP response element that	may be used or routinely	modified to test cAMP-	response element activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Reusch	et al., Mol Cell Biol	20(3):1008-1020 (2000); and	Klemm et al., J Biol Chem	273:917-923 (1998), the	contents of each of which are	herein incorporated by	reference in its entirety. Pre-	adipocytes that may be used	according to these assays are
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				publicly available (e.g., through the ATCC) and/or	Additional highly preferred indications are complications
				may be routinely generated.	associated with insulin
				Exemplary mouse adipocyte	resistance.
				cells that may be used	
				according to these assays	
				include 3T3-L1 cells. 3T3-L1	
				is an adherent mouse	
				preadipocyte cell line that is a	
				continuous substrain of 3T3	
				fibroblast cells developed	
				through clonal isolation and	
				undergo a pre-adipocyte to	
				adipose-like conversion under	
				appropriate differentiation	
				conditions known in the art.	
	HTEPG70	826	Activation of	Assays for the activation of	A highly preferred indication
			transcription	transcription through the	is obesity and/or complications
			through serum	Serum Response Element	associated with obesity.
-			response element in	(SRE) are well-known in the	Additional highly preferred
			pre-adipocytes.	art and may be used or	indications include weight loss
				routinely modified to assess	or alternatively, weight gain.
				the ability of polypeptides of	An additional highly preferred
				the invention (including	indication is diabetes mellitus.
				antibodies and agonists or	An additional highly preferred
				antagonists of the invention) to	indication is a complication
				regulate the serum response	associated with diabetes (e.g.,
				factors and modulate the	diabetic retinopathy, diabetic
				expression of genes involved	nephropathy, kidney disease
				in growth. Exemplary assays	(e.g., renal failure,
				for transcription through the	nephropathy and/or other

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diseases and disorders as	described in the "Renal	Disorders" section below),	diabetic neuropathy, nerve	disease and nerve damage	(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired	wound healing, and infection	(e.g., infectious diseases and	disorders as described in the
SRE that may be used or	routinely modified to test SRE	activity of the polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention)	include assays disclosed in	Berger et al., Gene 66:1-10	(1998); Cullen and Malm,	Methods in Enzymol 216:362-	368 (1992); Henthorn et al.,	Proc Natl Acad Sci USA	85:6342-6346 (1988); and	Black et al., Virus Genes	12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. Pre-	adipocytes that may be used	according to these assays are	publicly available (e.g.,	through the ATCC) and/or	may be routinely generated.	Exemplary mouse adipocyte	cells that may be used	according to these assays	include 3T3-L1 cells. 3T3-L1	is an adherent mouse	preadipocyte cell line that is a	continuous substrain of 3T3	fibroblact cells developed
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				through clonal isolation and undergo a pre-adipocyte to	"Infectious Diseases" section below). Additional highly
		-	A	adipose-like conversion under	preferred indications are
				appropriate differentiation	complications associated with
				conditions known in the art.	insulin resistance.
HTEPG70			SEAP in HIB/CRE		
HTEPG70	70   826		Activation of	This reporter assay measures	Highly preferred indications
			transcription	activation of the GATA-3	include allergy, asthma, and
			through GATA-3	signaling pathway in HMC-1	rhinitis. Additional preferred
			response element in	human mast cell line.	indications include infection
	_		immune cells (such	Activation of GATA-3 in mast	(e.g., an infectious disease as
		,	as mast cells).	cells has been linked to	described below under
				cytokine and chemokine	"Infectious Disease"), and
	-			production. Assays for the	inflammation and
				activation of transcription	inflammatory disorders.
				through the GATA3 response	Preferred indications also
				element are well-known in the	include blood disorders (e.g.,
				art and may be used or	as described below under
				routinely modified to assess	"Immune Activity", "Blood-
				the ability of polypeptides of	Related Disorders", and/or
				the invention (including	"Cardiovascular Disorders").
				antibodies and agonists or	Preferred indications include
				antagonists of the invention) to	autoimmune diseases (e.g.,
				regulate GATA3 transcription	rheumatoid arthritis, systemic
	-			factors and modulate	lupus erythematosis, multiple
				expression of mast cell genes	sclerosis and/or as described
				important for immune response	below) and
			•	development. Exemplary	immunodeficiencies (e.g., as
				assays for transcription	described below). Preferred
				through the GATA3 response	indications include neoplastic
				element that may be used or	diseases (e.g., leukemia,

GATA3-response element prostate, breast, lung, colon.	
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and agonists or antagonists of the invention) include assays	Derger et al., Gene
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	Highly preferred indications include allergy, asthma, and	rhinitis. Additional preferred indications include infection	(e.g., an infectious disease as described below under	"Infectious Disease"), and	tion and	inflammatory disorders.  Preferred indications also	include blood disorders (e.g.,	as described below under	"Immune Activity", "Blood-	Related Disorders", and/or	"Cardiovascular Disorders").	r reterred indications include autoimmune diseases (e.g.,	rheumatoid arthritis, systemic	lupus erythematosis, multiple	sclerosis and/or as described	ק	immunodeficiencies (e.g., as	described below). Preferred	indications include neoplastic	diseases (e. o. Jenkemia
	Highly princlude al	rhinitis. / indication	e.g., an ii described	"Infectiou	inflammation and	Inflamma Preferred	include bl	as describ	"Immune	Related D	"Cardiova	Prejerred   autoimmu	rheumatoi	lupus eryt	sclerosis a	below) and	immunode	described	indication	diseases (e
immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	This reporter assay measures activation of the NFAT	signaling pathway in HMC-1 human mast cell line.	Activation of NFAT in mast cells has been linked to	cytokine and chemokine	production. Assays for the	activation of transcription through the Nuclear Factor of	Activated T cells (NFAT)	response element are well-	known in the art and may be	used or routinely modified to	assess the ability of	(including antibodies and	agonists or antagonists of the	invention) to regulate NFAT	transcription factors and	modulate expression of genes	involved in	immunomodulatory functions.	Exemplary assays for	transcription through the
	Activation of transcription	through NFAT response element in	immune cells (such as mast cells).																	
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	HTEPG70	•																		
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MFAT response element that may be used or routinely modified to test NFAT- response element activity of pulypeptides of the invention including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene (1902); Henthom (66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthom et al., Proc Natl Acad Sci USA 85:611-1236 (1992); Henthom et al., Int J Biochem Cell Biol et al., J Immunol (10):1221-1236 (1999); Ali et al., J Immunol (1538 (1992); Ali et al., J Immunol (1638 (1992); Ali et al., J Immunol (1638 (1998), the contents of each of byte preferred indications include et al., J Immunol (1638 (1998), the contents of each of publicly available (e.g., publicly available (e.g., properties agonism mast cells that may be used a reactions to transplanted organs and tissues, hemophilia, the contents of each of publicly available (e.g., properties are all properties are	9		<u> </u>		<del>-</del>	 ත් .						
NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthom et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer et al., Il mmunol 165(12):721-1236 (1999); Ali et al., J Immunol 165(12):721-1236 (1999); Ali et al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ATCC).	NFAT response element that may be used or routinely modified to test NFAT-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthom et al., Proc Natl Acad Sci USA 83:6342-6346 (1988); De Boer et al., Int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al., I Immunol 165(12):7215-7223 (2000); Hutchinson and McCloskey, J Biol Chem 270(27):16333-16338 (1995), and Tumer et al., J Exp Med 188:227-337 (1998), the contents of each of which are herein incorporated by reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ATCC).  Exemplay human mast cells that may he used according to these assays are publicly available (e.g., through the ATCC).	lymphoma, melanoma, prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and	urinary tract cancers and/or a described below under "Hyperproliferative Disorders"). Other preferred	indications include benign dysproliferative disorders and pre-neoplastic conditions, sur	metaplasia, and/or dysplasia. Preferred indications include	anemia, pancytopenia, leukopenia, thrombocytopeni	leukelinas, rrougkin s disease acute lymphocytic anemia (ALL), plasmacytomas,	multiple myeloma, Burkitt's lymphoma, arthritis, AIDS,	granulomatous disease, inflammatory bowel disease, sensis, neutropenia	neutrophilia, psoriasis, suppression of immune	reactions to transplanted organs and tissues, hemophili	hypercoagulation, diabetes mellitus, endocarditis,
		NFAT response element that may be used or routinely modified to test NFAT-response element activity of	polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992): Henthorn	et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); De Boer	et al., int J Biochem Cell Biol 31(10):1221-1236 (1999); Ali et al TImminol	165(12):7215-7223 (2000); Hutchinson and McCloskey, J	Biol Chem 270(27):16333- 16338 (1995), and Turner et	al., J Exp Med 188:527-537 (1998), the contents of each of which are herein incorporated	by reference in its entirety.  Mast cells that may be used	according to these assays are publicly available (e.g.,	Exemplary human mast cells
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	Highly preferred indication includes allergy, asthma, and rhinitis. Additional highly preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammatory disorders. Preferred indications include immunological and hempatopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications also include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as
these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	This reporter assay measures activation of the NFkB signaling pathway in Ku812 human basophil cell line. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-
	Activation of transcription through NFKB response element in immune cells (such as basophils).
	826
	HTEPG70

				polypeptides of the invention	indications also include
				(including antibodies and	neoplastic diseases (e.g.,
				agonists or antagonists of the	leukemia, lymphoma,
				invention) include assays	melanoma, and/or as described
				disclosed in Berger et al., Gene	below under
		•		66:1-10 (1998); Cullen and	"Hyperproliferative
				Malm, Methods in Enzymol	Disorders"). Preferred
				216:362-368 (1992); Henthorn	indications include neoplasms
				et al., Proc Natl Acad Sci USA	and cancer, such as, for
				85:6342-6346 (1988); Marone	example, leukemia, lymphoma,
				et al, Int Arch Allergy	melanoma, and prostate,
				Immunol 114(3):207-17	breast, lung, colon, pancreatic,
				(1997), the contents of each of	esophageal, stomach, brain,
				which are herein incorporated	liver, urinary tract cancers and
				by reference in its entirety.	as described below under
				Basophils that may be used	"Hyperproliferative
				according to these assays are	Disorders".
				publicly available (e.g.,	
				through the ATCC).	
-				Exemplary human basophil	
				cell lines that may be used	
				according to these assays	
				include Ku812, originally	
				established from a patient with	
				chronic myelogenous	
				leukemia. It is an immature	
				prebasophilic cell line that can	
				be induced to differentiate into	
				mature basophils.	
	HTEPG70	826	Activation of	Assays for the activation of	A preferred embodiment of
			transcription	transcription through the	the invention includes a

method for inhibiting (e.g., reducing) TNF alpha	highly preferred embodiment	of the invention includes a	method for stimulating (e.g.,	increasing) TNF alpha	production. Preferred	indications include blood	disorders (e.g., as described	below under "Immune	Activity", "Blood-Related	Disorders", and/or	"Cardiovascular Disorders"),	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn's disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid
Serum Response Element (SRE) are well-known in the	routinely modified to assess	the ability of polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention) to	regulate serum response	factors and modulate the	expression of genes involved	in growth and upregulate the	function of growth-related	genes in many cell types.	Exemplary assays for	transcription through the SRE	that may be used or routinely	modified to test SRE activity	of the polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Benson	et al., J Immunol 153(9):3862-	3873 (1994); and Black et al.,	Virus Genes 12(2):105-117
through serum response element in immine cells (ench	as natural killer	cells).		u de la companya de l																								
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161)	(1997), the content of each of	arthritis. An additional highly
which	which are herein incorporated	preferred indication is sepsis.
by ref	by reference in its entirety. T	Highly preferred indications
cells t	cells that may be used	include neoplastic diseases
accord	according to these assays are	(e.g., leukemia, lymphoma,
public	publicly available (e.g.,	and/or as described below
through the second seco	through the ATCC).	under "Hyperproliferative
Exem	Exemplary T cells that may be	Disorders"). Additionally,
used a	used according to these assays	highly preferred indications
includ	include the NK-YT cell line,	include neoplasms and
which	which is a human natural killer	cancers, such as, for example,
cell lin	cell line with cytolytic and	leukemia, lymphoma,
cytoto	cytotoxic activity.	melanoma, glioma (e.g.,
		malignant glioma), solid
		tumors, and prostate, breast,
		lung, colon, pancreatic,
		esophageal, stomach, brain,
		liver and urinary cancer. Other
		preferred indications include
		benign dysproliferative
		disorders and pre-neoplastic
		conditions, such as, for
		example, hyperplasia,
		metaplasia, and/or dysplasia.
		Preferred indications include
		anemia, pancytopenia,
		leukopenia, thrombocytopenia,
		Hodgkin's disease, acute
		lymphocytic anemia (ALL),
		plasmacytomas, multiple
		myeloma, Burkitt's lymphoma,

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arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease")	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below), and
	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the
	Activation of transcription through NFKB response element in immune cells (such as T-cells).
	826
	HTEPG70

	NFKB response element that	te imminodeficiencies (e.g. se
	may be used or rountinely	
	modified to test NFKB-	additional highly preferred
	response element activity of	
	polypeptides of the invention	
	(including antibodies and	disease as described below
	agonists or antagonists of the	
	invention) include assays	Highly preferred indications
	disclosed in Berger et al., Gene	
	66:1-10 (1998); Cullen and	(e.g., melanoma, leukemia,
	Malm, Methods in Enzymol	
-	216:362-368 (1992); Henthorn	_
	et al., Proc Natl Acad Sci USA	SA "Hyperproliferative
	85:6342-6346 (1988); Black et	
	al., Virus Gnes 15(2):105-117	
	(1997); and Fraser et al.,	and cancers, such
	29(3):838-844 (1999), the	as,melanoma, renal cell
	contents of each of which are	
	herein incorporated by	lymphoma, and prostate,
	reference in its entirety. T	breast, lung, colon, pancreatic,
	cells that may be used	esophageal, stomach, brain,
	according to these assays are	e liver and urinary cancer. Other
	publicly available (e.g.,	preferred indications include
	through the ATCC).	benign dysproliferative
	Exemplary human T cells that	lat disorders and pre-neoplastic
	may be used according to these	ese conditions, such as, for
	assays include the SUPT cell	
	line, which is a suspension	metaplasia, and/or dysplasia.
	culture of IL-2 and IL-4	Preferred indications also
	responsive T cells.	include anemia, pancytopenia,
-		leukopenia, thrombocytopenia,

Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"),
	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or
	Activation of transcription through serum response element in immune cells (such as T-cells).
	827
	HTGEP89

Highly preferred indications	Include autoimmune diseases	systemic limis erythematosis	Crohn's disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid
routinely modified to test SRE	activity of the polypeptides of	antibodies and agonists or	antagonists of the invention)	include assays disclosed in	Berger et al., Gene 66:1-10	(1998); Cullen and Malm,	Methods in Enzymol 216:362-	368 (1992); Henthorn et al.,	Proc Natl Acad Sci USA	85:6342-6346 (1988); and	Black et al., Virus Genes	12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used according to these	assays include the CTLL cell	line, which is an IL-2	dependent suspension culture	of T cells with cytotoxic	activity.			
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	1	tumors, and prostate, breast,
		lung, colon, pancreatic,
	9	esophageal, stomach, brain,
		liver and urinary cancer. Other
		preferred indications include
		benign dysproliferative
		disorders and pre-neoplastic
	3	conditions, such as, for
	9	example, hyperplasia,
		metaplasia, and/or dysplasia.
	<u> </u>	Preferred indications include
	<u>a</u>	anemia, pancytopenia,
		leukopenia, thrombocytopenia,
		Hodgkin's disease, acute
		lymphocytic anemia (ALL),
	<u></u>	plasmacytomas, multiple
	u	myeloma, Burkitt's lymphoma,
	<u>a</u>	arthritis, AIDS, granulomatous
		disease, inflammatory bowel
	<del>p</del>	disease, neutropenia,
-	<u>u</u>	neutrophilia, psoriasis,
	8	suppression of immune
	<u>i</u>	reactions to transplanted
	0	organs and tissues,
	<u> </u>	hemophilia, hypercoagulation,
	<b>p</b>	diabetes mellitus, endocarditis,
	u	meningitis, Lyme Disease,
	3	cardiac reperfusion injury, and
	<u>a</u>	asthma and allergy. An
	<u>8</u>	additional preferred indication
		is infection (e.g., an infectious

				disease as described below
				under "Infectious Disease").
HTHBG43	828	Activation of	Assays for the activation of	A preferred embodiment of
		transcription	transcription through the	the invention includes a
		through serum	Serum Response Element	method for inhibiting (e.g.,
		response element in	(SRE) are well-known in the	reducing) TNF alpha
		immune cells (such	art and may be used or	production. An alternative
		as natural killer	routinely modified to assess	highly preferred embodiment
		cells).	the ability of polypeptides of	of the invention includes a
			the invention (including	method for stimulating (e.g.,
			antibodies and agonists or	increasing) TNF alpha
			antagonists of the invention) to	production. Preferred
			regulate serum response	indications include blood
			factors and modulate the	disorders (e.g., as described
			expression of genes involved	below under "Immune
			in growth and upregulate the	Activity", "Blood-Related
			function of growth-related	Disorders", and/or
			genes in many cell types.	"Cardiovascular Disorders"),
			Exemplary assays for	Highly preferred indications
			transcription through the SRE	include autoimmune diseases
			that may be used or routinely	(e.g., rheumatoid arthritis,
			modified to test SRE activity	systemic lupus erythematosis,
			of the polypeptides of the	Crohn"s disease, multiple
			invention (including antibodies	sclerosis and/or as described
			and agonists or antagonists of	below), immunodeficiencies
			the invention) include assays	(e.g., as described below),
			disclosed in Berger et al., Gene	boosting a T cell-mediated
			66:1-10 (1998); Cullen and	immune response, and
			Malm, Methods in Enzymol	suppressing a T cell-mediated
			216:362-368 (1992); Henthorn	immune response. Additional
			et al., Proc Natl Acad Sci USA	highly preferred indications

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include inflammation and inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	anemia, pancytopenia,	leukopenia, thrombocytopenia.
85:6342-6346 (1988); Benson et al., J Immunol 153(9):3862-	3873 (1994); and Black et al.,	Virus Genes 12(2):105-117	(1997), the content of each of	which are herein incorporated	by reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary T cells that may be	used according to these assays	include the NK-YT cell line,	which is a human natural killer	cell line with cytolytic and	cytotoxic activity.														
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Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").	0 ×
	Assays for the activation of transcription through the Signal Transducers and Activators of Transcription (STAT6) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the
	Activation of transcription through STAT6 response element in immune cells (such as T-cells).
	828
	HTHBG43

		invention) to regulate STAT6	"Immine Activity", "Blood-
		transcription factors and	Related Disorders", and/or
		modulate the expression of	"Cardiovascular Disorders").
		multiple genes. Exemplary	Preferred indications include
		assays for transcription	autoimmune diseases (e.g.,
		through the STATe response	rheumatoid arthritis, systemic
		element that may be used or	lupus erythematosis, multiple
-		routinely modified to test	sclerosis and/or as described
		STAT6 response element	below) and
		activity of the polypeptides of	immunodeficiencies (e.g., as
		the invention (including	described below).
		antibodies and agonists or	Preferred indications include
_		antagonists of the invention)	neoplastic diseases (e.g.,
		include assays disclosed in	leukemia, lymphoma,
		Berger et al., Gene 66:1-10	melanoma, and/or as described
		(1998); Cullen and Malm,	below under
-		Methods in Enzymol 216:362-	"Hyperproliferative
		368 (1992); Henthorn et al.,	Disorders"). Preferred
		Proc Natl Acad Sci USA	indications include neoplasms
		85:6342-6346 (1988); Georas	and cancers, such as, leukemia,
		et al., Blood 92(12):4529-4538	lymphoma, melanoma, and
		(1998); Moffatt et al.,	prostate, breast, lung, colon,
		Transplantation 69(7):1521-	pancreatic, esophageal,
		1523 (2000); Curiel et al., Eur	stomach, brain, liver and
		J Immunol 27(8):1982-1987	urinary cancer. Other preferred
		(1997); and Masuda et al., J	indications include benign
		Biol Chem 275(38):29331-	dysproliferative disorders and
		29337 (2000), the contents of	pre-neoplastic conditions, such
	-	each of which are herein	as, for example, hyperplasia,
		incorporated by reference in its	metaplasia, and/or dysplasia.
		entirety. T cells that may be	Preferred indications include

			used according to these assays are publicly available (e.g., through the ATCC).  Exemplary T cells that may be used according to these assays include the SUPT cell line, which is a suspension culture of IL-2 and IL-4 responsive T cells.	anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additional preferred indication is infectiou (e.g., an infectious disease as described below under "Infectious
HTHDS25	829	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production.

indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or	"Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis,	systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies	(e.g., as described below), boosting a T cell-mediated immune response, and suppressing a T cell-mediated	immune response. Additional highly preferred indications include inflammation and inflammatory disorders, and treating joint damage in patients with rheumatoid	arthritis. An additional highly preferred indication is sepsis. Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally,
regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the	SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including	antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10	(1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA.	85:6342-6346 (1988); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T	cells that may be used according to these assays are publicly available (e.g., through the ATCC).  Exemplary mouse T cells that may be used according to these assays include the CTLL cell line, which is an IL-2

highly preferred indications include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	anemia, pancytopenia,	leukopenia, thrombocytopenia,	Hodgkin's disease, acute	lymphocytic anemia (ALL),	plasmacytomas, multiple	myeloma, Burkitt's lymphoma,	arthritis, AIDS, granulomatous	disease, inflammatory bowel	disease, neutropenia,	neutrophilia, psoriasis,	suppression of immune	reactions to transplanted	organs and tissues,	hemophilia, hypercoagulation,
dependent suspension culture of T cells with cytotoxic	activity.																		,										

diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease")		
	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (ATCC HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	
	Inhibition of squalene synthetase gene transcription.	IFNg in Human T- cell 2B9
	829	829
	HTHDS25	HTHDS25

H	HTLEP53	830	Endothelial Cell	Caspase Apoptosis. Assays for	A highly preferred
			Apoptosis	caspase apoptosis are well	embodiment of the invention
				known in the art and may be	includes a method for
				used or routinely modified to	stimulating endothelial cell
				assess the ability of	growth. An alternative highly
				polypeptides of the invention	preferred embodiment of the
				(including antibodies and	invention includes a method
				agonists or antagonists of the	for inhibiting endothelial cell
				invention) to promote caspase	growth. A highly preferred
				protease-mediated apoptosis.	embodiment of the invention
				Induction of apoptosis in	includes a method for
				endothelial cells supporting the	stimulating endothelial cell
-				vasculature of tumors is	proliferation. An alternative
				associated with tumor	highly preferred embodiment
-				regression due to loss of tumor	of the invention includes a
			3	blood supply. Exemplary	method for inhibiting
				assays for caspase apoptosis	endothelial cell proliferation.
				that may be used or routinely	A highly preferred
				modified to test capase	embodiment of the invention
				apoptosis activity of	includes a method for
	, , , , ,			polypeptides of the invention	stimulating apoptosis of
				(including antibodies and	endothelial cells. An
				agonists or antagonists of the	alternative highly preferred
				invention) include the assays	embodiment of the invention
				disclosed in Lee et al., FEBS	includes a method for
_				Lett 485(2-3): 122-126 (2000);	inhibiting (e.g., decreasing)
				Nor et al., J Vasc Res 37(3):	apoptosis of endothelial cells.
				209-218 (2000); and Karsan	A highly preferred
				and Harlan, J Atheroscler	embodiment of the invention
				Thromb 3(2): 75-80 (1996);	includes a method for
				the contents of each of which	stimulating angiogenisis. An

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alternative highly preferred embodiment of the invention	includes a method for	inhibiting angiogenesis. A	highly preferred embodiment	of the invention includes a	method for reducing cardiac	hypertrophy. An alternative	highly preferred embodiment	of the invention includes a	method for inducing cardiac	hypertrophy. Highly	preferred indications include	neoplastic diseases (e.g., as	described below under	"Hyperproliferative	Disorders"), and disorders of	the cardiovascular system	(e.g., heart disease, congestive	heart failure, hypertension,	aortic stenosis,	cardiomyopathy, valvular	regurgitation, left ventricular	dysfunction, atherosclerosis	and atherosclerotic vascular	disease, diabetic nephropathy,	intracardiac shunt, cardiac	hypertrophy, myocardial	infarction, chronic	hemodynamic overload, and/or	as described below under
are herein incorporated by reference in its entirety.	Endothelial cells that may be	used according to these assays	are publicly available (e.g.,	through commercial sources).	Exemplary endothelial cells	that may be used according to	these assays include bovine	aortic endothelial cells	(bAEC), which are an example	of endothelial cells which line	blood vessels and are involved	in functions that include, but	are not limited to,	angiogenesis, vascular	permeability, vascular tone,	and immune cell extravasation.													
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"Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic disorders (e.g., systemic	disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly	preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that inhibit angiogenesis and/or cardiovascularization.  Highly preferred indications	include antiangiogenic activity to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi"s sarcoma, hemangioma (capillary and cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma.

haemangiopericytoma,	lymphangioma,	lymphangiosarcoma. Highly	preferred indications also	include cancers such as,	prostate, breast, lung, colon,	pancreatic, esophageal,	stomach, brain, liver, and	urinary cancer. Preferred	indications include benign	dysproliferative disorders and	pre-neoplastic conditions, such	as, for example, hyperplasia,	metaplasia, and/or dysplasia.	Highly preferred indications	also include arterial disease,	such as, atherosclerosis,	hypertension, coronary artery	disease, inflammatory	vasculitides, Reynaud"s	disease and Reynaud"s	phenomenom, aneurysms,	restenosis; venous and	lymphatic disorders such as	thrombophlebitis,	lymphangitis, and	lymphedema; and other	vascular disorders such as	peripheral vascular disease,	

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include trauma such as wounds burns and injured	tissue (e.g., vascular injury	such as, injury resulting from	atheroschlerotic lesions),	implant fixation, scarring,	ischemia reperfusion injury,	rheumatoid arthritis,	cerebrovascular disease, renal	diseases such as acute renal	failure, and osteoporosis.	Additional highly preferred	indications include stroke,	graft rejection, diabetic or	other retinopathies, thrombotic	and coagulative disorders,	vascularitis, lymph	angiogenesis, sexual disorders,	age-related macular	degeneration, and treatment	/prevention of endometriosis	and related conditions.	Additional highly preferred	indications include fibromas,	heart disease, cardiac arrest,	heart valve disease, and	vascular disease.	Preferred indications include	blood disorders (e.g., as	described below under
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below under "Immune	Activity", "Blood-Kelated Disorders" and/or	"Cardiovascular Disorders"),	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and
expression of genes involved	in growth. Exemplary assays for transcription through the	SRE that may be used or	routinely modified to test SRE	activity of the polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention)	include assays disclosed in	Berger et al., Gene 66:1-10	(1998); Cullen and Malm,	Methods in Enzymol 216:362-	368 (1992); Henthorn et al.,	Proc Natl Acad Sci USA	85:6342-6346 (1988); and	Black et al., Virus Genes	12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used according to these	assays include the CTLL cell	line, which is an IL-2	dependent suspension culture	of T cells with cytotoxic

cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").	uo	· · · · · · · · · · · · · · · · · · ·	vention) to (e.g., renal failure, retion. nephropathy and/or other secretion diseases and disorders as AT using described in the "Renal	)		at may be blockage), seizures, mental odified to confusion, drowsiness, nonketotic hyperglycemichyperatic hyperosmolar coma, so of the cardiovascular disease atherosclerosis
	Insulin Secretion Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess	the ability of polypeptides of the invention (including antibodies and agonists or	antagonists of the invention) to stimulate insulin secretion.  For example, insulin secretion is measured by FMAT using	anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is upregulated by glucose and	also by certain proteins/peptides, and disregulation is a key component in diabetes.	Exemplary assays that may be used or routinely modified to test for stimulation of insulin secretion (from pancreatic cells) by polypeptides of the invention (including antibodies
	HTLEP53 830					

	and agonists or antagonists of	microvascular disease.
	the invention) include assays	hypertension, stroke, and other
	disclosed in: Shimizu, H., et	diseases and disorders as
	al., Endocr J, 47(3):261-9	described in the
	(2000); Salapatek, A.M., et al.,	"Cardiovascular Disorders"
	Mol Endocrinol, 13(8):1305-	section below), dyslipidemia,
	17 (1999); Filipsson, K., et al.,	endocrine disorders (as
	Ann N Y Acad Sci, 865:441-4	described in the "Endocrine
	(1998); Olson, L.K., et al., J	Disorders" section below),
	Biol Chem, 271(28):16544-52	neuropathy, vision impairment
	(1996); and, Miraglia S et. al.,	(e.g., diabetic retinopathy and
	Journal of Biomolecular	blindness), ulcers and impaired
	Screening, 4:193-204 (1999),	wound healing, and infection
	the contents of each of which	(e.g., infectious diseases and
	is herein incorporated by	disorders as described in the
	reference in its entirety.	"Infectious Diseases" section
	Pancreatic cells that may be	below, especially of the
	used according to these assays	urinary tract and skin), carpal
	are publicly available (e.g.,	tunnel syndrome and
	through the ATCC) and/or	Dupuytren's contracture).
	may be routinely generated.	An additional highly preferred
	Exemplary pancreatic cells that	indication is obesity and/or
	may be used according to these	complications associated with
	assays include HITT15 Cells.	obesity. Additional highly
	HITT15 are an adherent	preferred indications include
	epithelial cell line established	weight loss or alternatively,
	from Syrian hamster islet cells	weight gain. Additional highly
	transformed with SV40. These	preferred indications are
-	cells express glucagon,	complications associated with
	somatostatin, and	insulin resistance.
	glucocorticoid receptors. The	

	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described	
cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.	This reporter assay measures activation of the GATA-3 signaling pathway in HMC-1 human mast cell line. Activation of GATA-3 in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the GATA3 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate GATA3 transcription factors and modulate	še
	Activation of transcription through GATA-3 response element in immune cells (such as mast cells).	
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	HTLEP53	

immunodeficiencies (e.g., as described below). Preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, melanoma.	prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver, and urinary tract cancers and/or as described below under	hyperpronieranve Disorders"). Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such			inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted
development. Exemplary assays for transcription through the GATA3 response element that may be used or routinely modified to test	GATA3-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays	Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Flavell et al., Cold Spring Harb Symp Quant Biol 64:563-571 (1999); Rodriguez-Palmero et al., Eur J Immunol 29(12):3914-3924 (1999); Zheng and Flavell,	Cell 89(4):387-396 (1997); and Henderson et al., Mol Cell Biol 14(6):4286-4294 (1994), the contents of each of which are herein incorporated by	reference in its entirety. Mast cells that may be used according to these assays are publicly available (e.g., through the ATCC).

organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.	Highly preferred indications include allergy, asthma, and rhinitis. Additional preferred indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), and inflammation and inflammatory disorders. Preferred indications also include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and
Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	This reporter assay measures activation of the NFAT signaling pathway in HMC-1 human mast cell line. Activation of NFAT in mast cells has been linked to cytokine and chemokine production. Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes
	Activation of transcription through NFAT response element in immune cells (such as mast cells).
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	HTLEP53

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immunodeficiencies (e.g., as described below). Preferred indications include neoplastic	diseases (e.g., leukemia, lymphoma, melanoma,	prostate, breast, lung, colon,	pancreauc, esopnagear, stomach, brain, liver, and	urinary tract cancers and/or as	described below under	Disorders"). Other preferred	indications include benign	dysproliferative disorders and	pre-neoplastic conditions, such	as, for example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	anemia, pancytopenia,	leukopenia, thrombocytopenia,	leukemias, Hodgkin's disease,	acute lymphocytic anemia	(ALL), plasmacytomas,	multiple myeloma, Burkitt's	lymphoma, arthritis, AIDS,	granulomatous disease,	inflammatory bowel disease,	sepsis, neutropenia,	neutrophilia, psoriasis,	suppression of immune	reactions to transplanted
involved in immunomodulatory functions. Exemplary assays for	transcription through the NFAT response element that	may be used or routinely	response element activity of	polypeptides of the invention	(including antibodies and	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); De Boer	et al., Int J Biochem Cell Biol	31(10):1221-1236 (1999); Ali	et al., J Immunol	165(12):7215-7223 (2000);	Hutchinson and McCloskey, J	Biol Chem 270(27):16333-	16338 (1995), and Turner et	al., J Exp Med 188:527-537	(1998), the contents of each of	which are herein incorporated	by reference in its entirety.	Mast cells that may be used	according to these assays are
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HTLEP53	830	SEAP in Jurkat/IL4	publicly available (e.g., through the ATCC).  Exemplary human mast cells that may be used according to these assays include the HMC-1 cell line, which is an immature human mast cell line established from the peripheral blood of a patient with mast cell leukemia, and exhibits many characteristics of immature mast cells.	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease.
HTLGE31	831	promoter (antiCD3 co-stim) Activation of	Assays for the activation of	A preferred embodiment of
31	831	Activation of transcription through serum	Assays for the activation of transcription through the Serum Response Element	A preferred embodiment of the invention includes a method for inhibiting (e.g.,
		response element in immune cells (such	(SRE) are well-known in the art and may be used or	reducing) TNF alpha production. An alternative
		as T-cells).	routinely modified to assess the ability of polypeptides of	preferred embodiment of the invention includes a method
			the invention (including antibodies and agonists or	for stimulating (e.g., increasing) TNF alpha
			antagonists of the invention) to	production. Preferred
			regulate the serum response factors and modulate the	indications include blood disorders (e.g., as described
			expression of genes involved	below under "Immune
			in growth. Exemplary assays	Activity", "Blood-Related
			for transcription through the	Disorders", and/or
			SKE that may be used or	"Cardiovascular Disorders"),

Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lunus erythematosis	Systemic Jupus et ymematosis, Crohn"s disease, multiple sclerosis and/or as described	below), immunodeficiencies (e.g., as described below),	boosting a T cell-mediated immune response, and	suppressing a T cell-mediated	immune response. Additional highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid
routinely modified to test SRE activity of the polypeptides of the invention (including	antagonists of the invention) include assays disclosed in	Berger et al., Gene 66:1-10 (1998); Cullen and Malm,	Methods in Enzymol 216:362-368 (1992); Henthorn et al.,	Proc Natl Acad Sci USA	85:6342-6346 (1988); and Black et al., Virus Genes	12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used according to these	assays include the CTLL cell	line, which is an IL-2	dependent suspension culture	of T cells with cytotoxic	activity.			
																44,100							-

tumors, and prostate, breast, lung, colon, pancreatic,	esophageal, stomach, brain, liver and urinary cancer. Other	preferred indications include	benign dysproliferative disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	anemia, pancytopenia,	leukopenia, thrombocytopenia,	Hodgkin's disease, acute	lymphocytic anemia (ALL),	plasmacytomas, multiple	myeloma, Burkitt's lymphoma,	arthritis, AIDS, granulomatous	disease, inflammatory bowel	disease, neutropenia,	neutrophilia, psoriasis,	suppression of immune	reactions to transplanted	organs and tissues,	hemophilia, hypercoagulation,	diabetes mellitus, endocarditis,	meningitis, Lyme Disease,	cardiac reperfusion injury, and	asthma and allergy. An	additional preferred indication	is infection (e.g., an infectious
				a drawa								-															

					disease as described below
					under "Infectious Disease").
HTLHY14	14	832	MIP-1a in HMC		
HTLHY14	14	832	Calcium flux in	Assays for measuring calcium	Preferred embodiments of the
			immune cells (such	flux are well-known in the art	invention include using
			as monocytes)	and may be used or routinely	polypeptides of the invention
				modified to assess the ability	(or antibodies, agonists, or
				of polypeptides of the	antagonists thereof) in
				invention (including antibodies	detection, diagnosis,
				and agonists or antagonists of	prevention, and/or treatment of
				the invention) to mobilize	Infection, Inflammation,
				calcium. Cells normally have	Atherosclerosis,
				very low concentrations of	Hypersensitivity, and
				cytosolic calcium compared to	Leukemias
				much higher extracellular	
				calcium. Extracellular factors	
			-	can cause an influx of calcium,	
				leading to activation of	
				calcium responsive signaling	
				pathways and alterations in	
				cell functions. Exemplary	
				assays that may be used or	
				routinely modified to measure	
				calcium flux in immune cells	
				(such as monocytes) include	
				assays disclosed in: Chan, CC,	
			-	et al., J Pharmacol Exp Ther,	
				269(3):891-896 (1994);	
				Andersson, K, et al., Cytokine,	
•				12(12):1784-1787 (2000);	
				Scully, SP, et al., J Clin Invest,	

Methods Methods 1-133 (1999), the of which ated by tirety. Cells ough the sy be d.  at may be these assays monocyte	include blood disorders (e.g., Activated T as described below under onse element "Immune Activity", "Bloodthe art and "Cardiovascular Disorders"). Highly preferred indications include autoimmune diseases on factors and multiple sclerosis and/or as an factors and described below), boosting a T described below), boosting a T
74(2) 589-599 (1984); and, Sullivan, E, et al., Methods Mol Biol, 114:125-133 (1999), the contents of each of which is herein incorporated by reference in its entirety. Cells that may be used according to these assays are publicly available (e.g., through the ATCC) and/or may be routinely generated.  Exemplary cells that may be used according to these assays include the THP-1 monocyte cell line.	Assays for the activation of transcription through the Nuclear Factor of Activated T cells (NFAT) response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFAT transcription factors and modulate expression of genes involved in
	Activation of transcription through NFAT response element in immune cells (such as natural killer cells).
	833
	HTLIV19

	Exemplary assays for	for	response, and suppressing a T
	transcription through the	ugh the	cell-mediated immune
	NFAT response element that	lement that	response. Additional highly
	may be used or routinely	utinely	preferred indications include
	modified to test NFAT-	IFAT-	inflammation and
	response element activity of	activity of	inflammatory disorders. An
	polypeptides of the invention	e invention	additional highly preferred
	(including antibodies and	lies and	indication is infection (e.g., an
	agonists or antagonists of the	onists of the	infectious disease as described
	invention) include assays	e assays	below under "Infectious
-	disclosed in Berger et al., Gene	er et al., Gene	Disease"). Preferred
	66:1-10 (1998); Cullen and	Jullen and	indications include neoplastic
	Malm, Methods in Enzymol	n Enzymol	diseases (e.g., leukemia,
	216:362-368 (1992); Henthorn	2); Henthorn	lymphoma, and/or as described
	et al., Proc Natl Acad Sci USA	cad Sci USA	below under
	85:6342-6346 (1988);	)88);	"Hyperproliferative
	Aramburu et al., J Exp Med	Exp Med	Disorders"). Preferred
	182(3):801-810 (1995); De	1995); De	indications include neoplasms
	Boer et al., Int J Biochem Cell	3iochem Cell	and cancers, such as, for
	Biol 31(10):1221-1236 (1999);	-1236 (1999);	example, leukemia, lymphoma,
	Fraser et al., Eur J Immunol	J Immunol	and prostate, breast, lung,
	29(3):838-844 (1999); and	999); and	colon, pancreatic, esophageal,
	Yeseen et al., J Biol Chem	iol Chem	stomach, brain, liver and
	268(19):14285-14293 (1993),	1293 (1993),	urinary cancer. Other preferred
	the contents of each of which	ch of which	indications include benign
	are herein incorporated by	orated by	dysproliferative disorders and
	reference in its entirety. NK	ntirety. NK	pre-neoplastic conditions, such
	cells that may be used	pesn	as, for example, hyperplasia,
	according to these assays are	e assays are	metaplasia, and/or dysplasia.
	publicly available (e.g.,	e.g.,	Preferred indications also
	through the ATCC).	G).	include anemia, pancytopenia,

leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, asthma and allergy.	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative highly preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or
Exemplary human NK cells that may be used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate serum response factors and modulate the expression of genes involved in growth and upregulate the function of growth-related
	Activation of transcription through serum response element in immune cells (such as natural killer cells).
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	genes in many cell types.	"Cardiovascular Disorders"),
	Exemplary assays for	Highly preferred indications
	transcription through the SRE	include autoimmune diseases
	that may be used or routinely	(e.g., rheumatoid arthritis,
	modified to test SRE activity	systemic lupus erythematosis,
	of the polypeptides of the	Crohn"s disease, multiple
	invention (including antibodies	sclerosis and/or as described
	and agonists or antagonists of	below), immunodeficiencies
	the invention) include assays	(e.g., as described below),
	disclosed in Berger et al., Gene	boosting a T cell-mediated
	66:1-10 (1998); Cullen and	immune response, and
	Malm, Methods in Enzymol	suppressing a T cell-mediated
	216:362-368 (1992); Henthorn	immune response. Additional
	et al., Proc Natl Acad Sci USA	highly preferred indications
	85:6342-6346 (1988); Benson	include inflammation and
	et al., J Immunol 153(9):3862-	inflammatory disorders, and
	3873 (1994); and Black et al.,	treating joint damage in
	Virus Genes 12(2):105-117	patients with rheumatoid
	(1997), the content of each of	arthritis. An additional highly
	which are herein incorporated	preferred indication is sepsis.
	by reference in its entirety. T	Highly preferred indications
	cells that may be used	include neoplastic diseases
	according to these assays are	(e.g., leukemia, lymphoma,
	publicly available (e.g.,	and/or as described below
	through the ATCC).	under "Hyperproliferative
	Exemplary T cells that may be	Disorders"). Additionally,
-	used according to these assays	highly preferred indications
	include the NK-YT cell line,	include neoplasms and
	which is a human natural killer	cancers, such as, for example,
	cell line with cytolytic and	leukemia, lymphoma,
	cytotoxic activity.	melanoma, glioma (e.g.,

		malignant glioma), solid
		tumors, and prostate, breast,
		lung, colon, pancreatic,
		esophageal, stomach, brain,
		liver and urinary cancer. Other
		preferred indications include
		benign dysproliferative
		disorders and pre-neoplastic
		conditions, such as, for
		example, hyperplasia,
		metaplasia, and/or dysplasia.
		Preferred indications include
		anemia, pancytopenia,
		leukopenia, thrombocytopenia,
		Hodgkin's disease, acute
		lymphocytic anemia (ALL),
		plasmacytomas, multiple
		myeloma, Burkitt's lymphoma,
		arthritis, AIDS, granulomatous
		disease, inflammatory bowel
		disease, neutropenia,
		neutrophilia, psoriasis,
_		suppression of immune
		reactions to transplanted
		organs and tissues, hemophilia,
		hypercoagulation, diabetes
		mellitus, endocarditis,
		meningitis, Lyme Disease,
		cardiac reperfusion injury, and
		asthma and allergy. An
		 additional preferred indication

	•			is infection (e.g., an infectious disease as described below under "Infectious Disease").
HTLIV19	833	SEAP in NK16/STAT6		
HTOAK16	834	IL-13 in Human T cells		
HTOAK16	834	Production of ICAM in	Endothelial cells, which are cells that line blood vessels.	Highly preferred indications include inflammation (acute
		endothelial cells	and are involved in functions	and chronic), restnosis,
		(such as human	that include, but are not limited	atherosclerosis, asthma and
		umbilical vein	to, angiogenesis, vascular	allergy. Highly preferred
		endothelial cells	permeability, vascular tone,	indications include
		(HUVEC))	and immune cell extravasation.	inflammation and
			Exemplary endothelial cells	inflammatory disorders,
			that may be used in ICAM	immunological disorders,
			production assays include	neoplastic disorders (e.g.
			human umbilical vein	cancer/tumorigenesis), and
			endothelial cells (HUVEC),	cardiovascular disorders (such
			and are available from	as described below under
			commercial sources. The	"Immune Activity", "Blood-
			expression of ICAM (CD54),a	Related Disorders",
			intergral membrane protein,	"Hyperproliferative Disorders"
			can be upregulated by	and/or "Cardiovascular
			cytokines or other factors, and	Disorders"). Highly preferred
			ICAM expression is important	indications include neoplasms
			in mediating immune and	and cancers such as, for
			endothelial cell interactions	example, leukemia, lymphoma,
			leading to immune and	melanoma, renal cell
			inflammatory responses.	carcinoma, and prostate,
			Assays for measuring	breast, lung, colon, pancreatic,

				expression of ICAM-1 are well-known in the art and may	esophageal, stomach, brain, liver and urinary cancer. Other
				be used or routinely modified	preferred indications include
				to assess the ability of	benign dysproliferative
				polypeptides of the invention	disorders and pre-neoplastic
		-		(including antibodies and	conditions, such as, for
		_		agonists or antagonists of the	example, hyperplasia,
		-		invention) to regulate ICAM-1	metaplasia, and/or dysplasia.
				expression. Exemplary assays	
-			-	that may be used or routinely	
				modified to measure ICAM-1	
				expression include assays	
				disclosed in: Rolfe BE, et al.,	
				Atherosclerosis, 149(1):99-110	
				(2000); Panettieri RA Jr, et al.,	
				J Immunol, 154(5):2358-2365	
				(1995); and, Grunstein MM, et	
				al., Am J Physiol Lung Cell	
				Mol Physiol, 278(6):L1154-	
		-		L1163 (2000), the contents of	
				each of which is herein	
				incorporated by reference in its	
				entirety.	
HTC	HTOAK16	834	Production of IL-8	Assays measuring production	Highly preferred indications
			by by endothelial	of IL-8 are well known in the	include immunological and
			cells (such as	art and may be used or	inflammatory disorders (e.g.,
			Human Umbilical	routinely modified to assess	such as allergy, asthma,
			Cord Endothelial	the ability of polypeptides of	leukemia, etc. and as described
			Cells).	the invention (including	below under "Immune
				antibodies and agonists or	Activity", and "Blood-Related
				antagonists of the invention) to	Disorders"). Highly preferred

indications also includie autoimmune disorders (e.g., rheumatoid arthritis. systemic	lupus erythematosis, Crohn"s disease, multiple sclerosis	and/or as described below),	neoplastic disorders (e.g.,	liver, colon cancer, and/or as	described below under	"Hyperproliferative	Disorders"), and	cardiovascular disorders (e.g.	such as described below under	"Cardiovascular Disorders").	Preferred indications include	thrombosis, bacteremia and	sepsis syndrome and	consequent complications	(such as acute respiratory	distress syndrome and	systemic ischemia-reperfusion	resulting from septic shock),	restnosis and atherosclerosis.							
regulate production and/or secretion of IL-8. For example, FMAT may be used	or routinely modified to assess the ability of polyneptides of	the invention (including	antibodies and agonists or	regulate production and/or	secretion of IL-8 from	endothelial cells (such as	human umbilical vein	endothelial cells (HUVEC)).	HUVECs are endothelial cells	which line venous blood	vessels, and are involved in	functions that include, but are	not limited to, angiogenesis,	vascular permeability, vascular	tone, and immune cell	extravasation. Endothelial	cells play a pivotal role in the	initiation and perpetuation of	inflammation and secretion of	IL-8 may play an important	role in recruitment and	activation of immune cells	such as neutrophils,	macrophages, and	lymphocytes.	
																										MCP-1 in HUVEC
																										834
																										HTOAK16

HTO,	HTOAK16	834	Production of	A acoust for moonings	;, -; F -; F 311-:11
			VCAM in	Assays for incasaing	ingling preferred illurcations
			V CAN'T III	expression of vertilate well-	Include inflammation (acute
		-	endothelial cells	known in the art and may be	and chronic), restnosis,
_			such as human	used or routinely modified to	atherosclerosis, asthma and
			umbilical vein	assess the ability of	allergy. Highly preferred
-			endothelial cells	polypeptides of the invention	indications include
			(HUVEC))	(including antibodies and	inflammation and
				agonists or antagonists of the	inflammatory disorders,
				invention) to regulate VCAM	immunological disorders,
				expression. For example,	neoplastic disorders (e.g.
				FMAT may be used to meaure	cancer/tumorigenesis), and
				the upregulation of cell surface	cardiovascular disorders (such
				VCAM-1 expresssion in	as described below under
				endothelial cells. Endothelial	"Immune Activity", "Blood-
				cells are cells that line blood	Related Disorders",
				vessels, and are involved in	"Hyperproliferative Disorders"
				functions that include, but are	and/or "Cardiovascular
		-	-	not limited to, angiogenesis,	Disorders"). Highly preferred
			_	vascular permeability, vascular	indications include neoplasms
				tone, and immune cell	and cancers such as, for
				extravasation. Exemplary	example, leukemia, lymphoma,
				endothelial cells that may be	melanoma, renal cell
				used according to these assays	carcinoma, and prostate,
				include human umbilical vein	breast, lung, colon, pancreatic,
				endothelial cells (HUVEC),	esophageal, stomach, brain,
				which are available from	liver and urinary cancer. Other
				commercial sources. The	preferred indications include
				expression of VCAM	benign dysproliferative
				(CD106), a membrane-	disorders and pre-neoplastic
				associated protein, can be	conditions, such as, for
				upregulated by cytokines or	example, hyperplasia,

metaplasia, and/or dysplasia.	A preferred embodiment of the invention includes a method for inhibiting (e.g.,	reducing) TNF alpha production. An alternative	invention includes a method	for stimulating (e.g., increasing) TNF alpha	production. Preferred indications include blood	disorders (e.g., as described	below under "Immune Activity", "Blood-Related	Disorders", and/or	"Cardiovascular Disorders"),	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies
other factors, and contributes to the extravasation of lymphocytes, leucocytes and other immune cells from blood vessels; thus VCAM expression plays a role in promoting immune and inflammatory responses.	Assays for the activation of transcription through the Serum Response Element	(SRE) are well-known in the art and may be used or	the ability of polypeptides of	the invention (including antibodies and agonists or	antagonists of the invention) to	factors and modulate the	expression of genes involved in growth. Exemplary assays	for transcription through the	SRE that may be used or	activity of the polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention)	include assays disclosed in	Berger et al., Gene 66:1-10
	Activation of transcription through serum	response element in immune cells (such	as 1-cens).												
	835														
	HTOGR42														

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(e.g., as described below), boosting a T cell-mediated immine response and	suppressing a T cell-mediated	immune response. Additional	nighly preferred indications include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic
(1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992). Henthorn et al	Proc Natl Acad Sci USA	85:6342-6346 (1988); and	Black et al., Virus Genes 12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used according to these	assays include the CTLL cell	line, which is an IL-2	dependent suspension culture	of T cells with cytotoxic	activity.							,			

				conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.
				anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute
				plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel
				disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted
				organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis,
				meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication
				is infection (e.g., an infectious disease as described below under "Infectious Disease").
HTOGR42	835	IL-10 in Human T-cell 293T		
HTOGR42	835	IL-10 in Human T- cell 2B9		
HTOGR42	835	Activation of	Kinase assay. JNK kinase	A highly preferred

	Fndothelial Cell	assave for sional transduction	embodiment of the invention	
	NIV Gianolina	that was late and landiferation	includes a method for	
	JINN Sigliainig	Lital legulate cell profitefation,	melades a medica for	_
	Pathway.	activation, or apoptosis are	stimulating endotnellal cell	
		well known in the art and may	growth. An alternative highly	
		be used or routinely modified	preferred embodiment of the	
		to assess the ability of	invention includes a method	
		polypeptides of the invention	for inhibiting endothelial cell	
		(including antibodies and	growth. A highly preferred	
		agonists or antagonists of the	embodiment of the invention	
		invention) to promote or	includes a method for	
-		inhibit cell proliferation,	stimulating endothelial cell	
		activation, and apoptosis.	proliferation. An alternative	
		Exemplary assays for JNK	highly preferred embodiment	
		kinase activity that may be	of the invention includes a	
		used or routinely modified to	method for inhibiting	
		test JNK kinase-induced	endothelial cell proliferation.	
	-	activity of polypeptides of the	A highly preferred	
		invention (including antibodies	embodiment of the invention	
		and agonists or antagonists of	includes a method for	
		the invention) include the	stimulating apoptosis of	
		assays disclosed in Forrer et	endothelial cells. An	
		al., Biol Chem 379(8-9):1101-	alternative highly preferred	
		1110 (1998); Gupta et al., Exp	embodiment of the invention	
		Cell Res 247(2): 495-504	includes a method for	
		(1999); Kyriakis JM, Biochem	inhibiting apoptosis of	
		Soc Symp 64:29-48 (1999);	endothelial cells. A	
		Chang and Karin, Nature	highly preferred embodiment	
		410(6824):37-40 (2001); and	of the invention includes a	
		Cobb MH, Prog Biophys Mol	method for stimulating	
		Biol 71(3-4):479-500 (1999);	endothelial cell activation. An	
		the contents of each of which	alternative highly preferred	$\overline{}$

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embodiment of the invention	includes a method for	inhibiting the activation of	and/or inactivating endothelial	cells. A highly preferred	embodiment of the invention	includes a method for	stimulating angiogenisis. An	alternative highly preferred	embodiment of the invention	includes a method for	inhibiting angiogenesis. A	highly preferred embodiment	of the invention includes a	method for reducing cardiac	hypertrophy. An alternative	highly preferred embodiment	of the invention include a	method for inducing cardiac	hypertrophy. Highly	preferred indications include	neoplastic diseases (e.g., as	described below under	"Hyperproliferative	Disorders"), and disorders of	the cardiovascular system	(e.g., heart disease, congestive	heart failure, hypertension,	aortic stenosis,	cardiomyopathy, valvular	regurgitation. left ventricular
are herein incorporated by	Figure 11 Its entirety.	Endotnellal cells that may be	used according to these assays	are publicly available (e.g.,	through the ATCC).	Exemplary endothelial cells	that may be used according to	these assays include human	umbilical vein endothelial cells	(HUVEC), which are	endothelial cells which line	venous blood vessels, and are	involved in functions that	include, but are not limited to,	angiogenesis, vascular	permeability, vascular tone,	and immune cell extravasation.					-								
					-								-				-												-	
									_																					

dysfunction, atherosclerosis and atherosclerotic vascular disease, diabetic nephropathy,	hypertrophy, myocardial infarction, chronic hemodynamic overload, and/or	"Cardiovascular Disorders"). Highly preferred indications include cardiovascular,	disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as well as diseases of the vessels	themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly preferred are indications that stimulate angiogenesis and/or cardiovascularization. Highly	preferred are indications that inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity	to treat solid tumors, leukemias, and Kaposi"s sarcoma, and retinal disorders. Highly preferred indications

include neoplasms and cancer,	such as, Kaposi"s sarcoma,	hemangioma (capillary and	cavernous), glomus tumors,	telangiectasia, bacillary	angiomatosis,	hemangioendothelioma,	angiosarcoma,	haemangiopericytoma,	lymphangioma,	lymphangiosarcoma. Highly	preferred indications also	include cancers such as,	prostate, breast, lung, colon,	pancreatic, esophageal,	stomach, brain, liver, and	urinary cancer. Preferred	indications include benign	dysproliferative disorders and	pre-neoplastic conditions, such	as, for example, hyperplasia,	metaplasia, and/or dysplasia.	Highly preferred indications	also include arterial disease,	such as, atherosclerosis,	hypertension, coronary artery	disease, inflammatory	vasculitides, Reynaud"s	disease and Reynaud"s	phenomenom, aneurysms,	restenosis; venous and
											-																			

lymphatic disorders such as	thrombophlebitis,	lymphangitis, and	lymphedema; and other	vascular disorders such as	peripheral vascular disease,	and cancer. Highly	preferred indications also	include trauma such as	wounds, burns, and injured	tissue (e.g., vascular injury	such as, injury resulting from	balloon angioplasty, and	atheroschlerotic lesions),	implant fixation, scarring,	ischemia reperfusion injury,	rheumatoid arthritis,	cerebrovascular disease, renal	diseases such as acute renal	failure, and osteoporosis.	Additional highly preferred	indications include stroke,	graft rejection, diabetic or	other retinopathies, thrombotic	and coagulative disorders,	vascularitis, lymph	angiogenesis, sexual disorders,	age-related macular	degeneration, and treatment	/prevention of endometriosis	and related conditions.
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					Additional highly preferred
					indications include fibromas,
		4.10-	-		heart disease, cardiac arrest,
					heart valve disease, and
					vascular disease.
					Preferred indications include
					blood disorders (e.g., as
					described below under
		1100			"Immune Activity", "Blood-
			•		Related Disorders", and/or
					"Cardiovascular Disorders").
			•		Preferred indications include
					autoimmune diseases (e.g.,
					rheumatoid arthritis, systemic
					lupus erythematosis, multiple
					sclerosis and/or as described
					below) and
					immunodeficiencies (e.g., as
	-				described below). Additional
					preferred indications include
					inflammation and
					inflammatory disorders (such
	-				as acute and chronic
					inflammatory diseases, e.g.,
_					inflammatory bowel disease
					and Crohn's disease), and pain
					management.
	HTOGR42	835	Activation of	Kinase assay. Kinase assays,	A highly preferred
			Natural Killer Cell	for example an Elk-1 kinase	embodiment of the invention
_			ERK Signaling	assay, for ERK signal	includes a method for
			Pathway	transduction that regulate cell	stimulating natural killer cell
			1 minus.		

proliferation or differentiation are well known in the art and may be used or routinely of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, and agonists or antagonists of the invention (including antibodies attivation, and differentiation. Exemplary assays for ERK kinase-induced Exemplary assays for ERK kinase-induced extivity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the activity of polypeptides of the invention include the invention include the assays disclosed in Forrer et assays disclosed in Forrer et Disorders"), blood disorders al., Biol Chem 379(8-9):1101-(e.g., as described below under "Immune Activity"), Biochem Soc Symp 64:29-48  Biochem Soc Symp 64:29-48  Biophys Mol Biol 71(3-4):479-"  Disorders"), immune Activity", and socious incorporated by reference in its indications include blood entirety. Natural killer cells	S S S	s s
proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells	proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein ironporated by reference in its entirety. Natural killer cells	are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation, activation, and differentiation. Exemplary assays for ERK kinase activity that may be used or routinely modified to test ERK kinase-induced activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Kyriakis JM, Biochem Soc Symp 64-29-48 (1999); Chang and Karin, Nature 410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Natural killer cells

	these assays are publicly	below under "Immune
	available (e.g. through the	Activity" "Blood-Related
-	ATCC). Exemplary natural	Disorders" and/or
	killer cells that may be used	"Cardiovascular Disorders").
	according to these assays	Highly preferred indications
	include the human natural	include autoimmune diseases
	killer cell lines (for example,	(e.g., rheumatoid arthritis,
	NK-YT cells which have	systemic lupus erythematosis,
	cytolytic and cytotoxic	multiple sclerosis and/or as
	activity) or primary NK cells.	described below) and
		immunodeficiencies (e.g., as
		described below). Additional
		highly preferred indications
		include inflammation and
		inflammatory disorders.
-		Highly preferred indications
		also include cancers such as,
		kidney, melanoma, prostate,
		breast, lung, colon, pancreatic,
		esophageal, stomach, brain,
-		liver, urinary cancer,
		lymphoma and leukemias.
		Other preferred indications
	•	include benign dysproliferative
		disorders and pre-neoplastic
		conditions, such as, for
		example, hyperplasia,
		metaplasia, and/or dysplasia.
		Other highly preferred
		indications include,
		pancytopenia, leukopenia,

					leukemias, Hodgkin's disease,
					acute lymphocytic anemia
					(ALL), arthritis, asthma,
					AIDS, granulomatous disease,
		••			inflammatory bowel disease,
					sepsis, psoriasis, immune
					reactions to transplanted
					organs and tissues,
					endocarditis, meningitis, Lyme
					Disease, and allergies.
	HTOGR42	835	VEGF in SW480		
	HTOHT18	836	Activation of	Assays for the activation of	A preferred embodiment of
			transcription	transcription through the	the invention includes a
			through serum	Serum Response Element	method for inhibiting (e.g.,
			response element in	(SRE) are well-known in the	reducing) TNF alpha
			immune cells (such	art and may be used or	production. An alternative
			as T-cells).	routinely modified to assess	preferred embodiment of the
				the ability of polypeptides of	invention includes a method
				the invention (including	for stimulating (e.g.,
				antibodies and agonists or	increasing) TNF alpha
				antagonists of the invention) to	production. Preferred
				regulate the serum response	indications include blood
				factors and modulate the	disorders (e.g., as described
				expression of genes involved	below under "Immune
-				in growth. Exemplary assays	Activity", "Blood-Related
				for transcription through the	Disorders", and/or
				SRE that may be used or	"Cardiovascular Disorders"),
				routinely modified to test SRE	Highly preferred indications
				activity of the polypeptides of	include autoimmune diseases
				the invention (including	(e.g., rheumatoid arthritis,
				antibodies and agonists or	systemic lupus erythematosis,

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Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies	(e.g., as described below), boosting a T cell-mediated	immune response, and	immune response. Additional	highly preferred indications	include inflammation and inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other
antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10	(1998); Cullen and Malm, Methods in Enzymol 216:362-	368 (1992); Henthorn et al., Proc Natl Acad Sci 11SA	85:6342-6346 (1988); and	Black et al., Virus Genes	12(2):105-117 (1997), the content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used according to these	assays include the CTLL cell	line, which is an IL-2	dependent suspension culture	of T cells with cytotoxic	activity.							
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un dis is a da da d	says for A highly preferred A proteins embodiment of the invention
	TNFa FMAT. Assays for immunomodulatory proteins
	Production of TNF alpha by dendritic
	836
	HTOHT18

		disclosed in Miraglia et al., J	-
		Biomolecular Screening 4:193-	
		204(1999); Rowland et al.,	Highly preferred indications
-		"Lymphocytes: a practical	include neoplastic diseases
		approach" Chapter 6:138-160	(e.g., leukemia, lymphoma,
	-	(2000); Verhasselt et al., Eur J	and/or as described below
		Immunol 28(11):3886-3890	under "Hyperproliferative
		(1198); Dahlen et al., J	Disorders"). Additionally,
		Immunol 160(7):3585-3593	highly preferred indications
		(1998); Verhasselt et al., J	include neoplasms and
		Immunol 158:2919-2925	cancers, such as, leukemia,
		(1997); and Nardelli et al., J	lymphoma, melanoma, glioma
		Leukoc Biol 65:822-828	(e.g., malignant glioma), solid
		(1999), the contents of each of	
		which are herein incorporated	lung, colon, pancreatic,
		by reference in its entirety.	esophageal, stomach, brain,
_		Human dendritic cells that may	liver and urinary cancer. Other
		be used according to these	preferred indications include
		assays may be isolated using	benign dysproliferative
		techniques disclosed herein or	disorders and pre-neoplastic
		otherwise known in the art.	conditions, such as, for
		Human dendritic cells are	example, hyperplasia,
		antigen presenting cells in	metaplasia, and/or dysplasia.
		suspension culture, which,	Preferred indications include
		when activated by antigen	anemia, pancytopenia,
		and/or cytokines, initiate and	leukopenia, thrombocytopenia,
		upregulate T cell proliferation	Hodgkin's disease, acute
		and functional activities.	lymphocytic anemia (ALL),
			plasmacytomas, multiple
			myeloma, Burkitt's lymphoma,
			arthritis, AIDS, granulomatous

disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").	A highly preferred embodiment of the invention includes a method for stimulating endothelial cell growth. An alternative highly preferred embodiment of the invention includes a method for inhibiting endothelial cell growth. A highly preferred embodiment of the invention includes a method for stimulating endothelial cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting
	Caspase Apoptosis. Assays for caspase apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote caspase protease-mediated apoptosis. Induction of apoptosis in endothelial cells supporting the vasculature of tumors is associated with tumor regression due to loss of tumor blood supply. Exemplary
	Endothelial Cell Apoptosis
·	837
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endothelial cell proliferation.	A highly preferred	embodiment of the invention	includes a method for	stimulating apoptosis of	endothelial cells. An	alternative highly preferred	embodiment of the invention	includes a method for	inhibiting (e.g., decreasing)	apoptosis of endothelial cells.	A highly preferred	embodiment of the invention	includes a method for	stimulating angiogenisis. An	alternative highly preferred	embodiment of the invention	includes a method for	inhibiting angiogenesis. A	highly preferred embodiment	of the invention includes a	method for reducing cardiac	hypertrophy. An alternative	highly preferred embodiment	of the invention includes a	method for inducing cardiac	hypertrophy. Highly	preferred indications include	neoplastic diseases (e.g., as	described below under	"" " " " " " " " " " " " " " " " " " "
assays for caspase apoptosis	that may be used or routinely	modified to test capase	apoptosis activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include the assays	disclosed in Lee et al., FEBS	Lett 485(2-3): 122-126 (2000);	Nor et al., J Vasc Res 37(3):	209-218 (2000); and Karsan	and Harlan, J Atheroscler	Thromb 3(2): 75-80 (1996);	the contents of each of which	are herein incorporated by	reference in its entirety.	Endothelial cells that may be	used according to these assays	are publicly available (e.g.,	through commercial sources).	Exemplary endothelial cells	that may be used according to	these assays include bovine	aortic endothelial cells	(bAEC), which are an example	of endothelial cells which line	blood vessels and are involved	in functions that include, but	are not limited to,	
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Disorders"), and disorders of	the cardiovascular system	(e.g., heart disease, congestive	heart failure, hypertension,	aortic stenosis,	cardiomyopathy, valvular	regurgitation, left ventricular	dysfunction, atherosclerosis	and atherosclerotic vascular	disease, diabetic nephropathy,	intracardiac shunt, cardiac	hypertrophy, myocardial	infarction, chronic	hemodynamic overload, and/or	as described below under	"Cardiovascular Disorders").	Highly preferred indications	include cardiovascular,	endothelial and/or angiogenic	disorders (e.g., systemic	disorders that affect vessels	such as diabetes mellitus, as	well as diseases of the vessels	themselves, such as of the	arteries, capillaries, veins	and/or lymphatics). Highly	preferred are indications that	stimulate angiogenesis and/or	cardiovascularization. Highly	preferred are indications that	inhibit angiogenesis and/or
permeability, vascular tone,	and immune cell extravasation.																													
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such as, atherosclerosis, hypertension, coronary artery disease, inflammatory vasculitides, Reynaud's disease and Reynaud's	phenomenom, aneurysms, restenosis; venous and lymphatic disorders such as thrombophlebitis, lymphangitis, and lymphedema; and other vascular disorders such as	peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and	atheroschlerotic lesions), implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or other retinopathies, thrombotic
such as hyperted disease vasculi disease	phenor restence lymphs thromb lymphs lymphs lymphs lymphs vascult	periphe and can preferr include wound tissue (such as	atheros implan ischem rheum; cerebr disease failure Additicat indicat graft re

and coagulative disorders,	vascularitis, lymph	angiogenesis, sexual disorders,	age-related macular	degeneration, and treatment	/prevention of endometriosis	and related conditions.	Additional highly preferred	indications include fibromas,	heart disease, cardiac arrest,	heart valve disease, and	vascular disease.	Preferred indications include	blood disorders (e.g., as	described below under	"Immune Activity", "Blood-	Related Disorders", and/or	"Cardiovascular Disorders").	Preferred indications include	autoimmune diseases (e.g.,	rheumatoid arthritis, systemic	lupus erythematosis, multiple	sclerosis and/or as described	below) and	immunodeficiencies (e.g., as	described below). Additional	preferred indications include	inflammation and	inflammatory disorders (such	as acute and chronic	inflammatory diseases, e.g.,
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					inflammatory bowel disease
					and Crohn's disease), and pain
			-		management.
	HTOIZ02	837	Production of IL-6	IL-6 FMAT. IL-6 is produced	A highly preferred
				by T cells and has strong	embodiment of the invention
				effects on B cells. IL-6	includes a method for
				participates in IL-4 induced	stimulating (e.g., increasing)
				IgE production and increases	IL-6 production. An alternative
				IgA production (IgA plays a	highly preferred embodiment
				role in mucosal immunity).	of the invention includes a
				IL-6 induces cytotoxic T cells.	method for inhibiting (e.g.,
				Deregulated expression of IL-6	reducing) IL-6 production. A
				has been linked to autoimmune	highly preferrred indication is
				disease, plasmacytomas,	the stimulation or enhancement
				myelomas, and chronic	of mucosal immunity. Highly
				hyperproliferative diseases.	preferred indications include
				Assays for immunomodulatory	blood disorders (e.g., as
_				and differentiation factor	described below under
				proteins produced by a large	"Immune Activity", "Blood-
				variety of cells where the	Related Disorders", and/or
				expression level is strongly	"Cardiovascular Disorders"),
				regulated by cytokines, growth	and infection (e.g., as
				factors, and hormones are well	described below under
				known in the art and may be	"Infectious Disease"). Highly
				used or routinely modified to	preferred indications include
				assess the ability of	autoimmune diseases (e.g.,
				polypeptides of the invention	rheumatoid arthritis, systemic
				(including antibodies and	lupus erythematosis, multiple
				agonists or antagonists of the	sclerosis and/or as described
				invention) to mediate	below) and
				immunomodulation and	immunodeficiencies (e.g., as

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described below). Highly preferred indications also include boosting a B cell-	mediated immune response and alternatively suppressing a	B cell-mediated immune response. Highly preferred	indications include inflammation and	inflammatory disorders. Additional highly	preferred indications include	asthma and allergy. Highly	preferred indications include	neoplastic diseases (e.g.,	myeloma, plasmacytoma,	leukemia, lymphoma,	melanoma, and/or as described	below under	_		indications include neoplasms	and cancers, such as, myeloma,	plasmacytoma, leukemia,	lymphoma, melanoma, and	prostate, breast, lung, colon,	pancreatic, esophageal,	stomach, brain, liver and	urinary cancer. Other preferred	indications include benign	dysproliferative disorders and
differentiation and modulate T cell proliferation and function.  Exemplary assays that test for	immunomodulatory proteins evaluate the production of	cytokines, such as IL-6, and the stimulation and	upregulation of T cell proliferation and functional	activities. Such assays that	modified to test	immunomodulatory and	diffferentiation activity of	polypeptides of the invention	including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Miraglia et al., J	Biomolecular Screening 4:193-	204(1999); Rowland et al.,	"Lymphocytes: a practical	approach" Chapter 6:138-160	(2000); and Verhasselt et al., J	Immunol 158:2919-2925	(1997), the contents of each of	which are herein incorporated	by reference in its entirety.	Human dendritic cells that may	be used according to these	assays may be isolated using
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	_							-						,										

			techniques disclosed herein or otherwise known in the art. Human dendritic cells are antigen presenting cells in suspension culture, which, when activated by antigen and/or cytokines, initiate and upregulate T cell proliferation and functional activities.	pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, and Lyme Disease. An additonal preferred indication is infection (e.g., an infectious disease as described below under "Infectious
HTOJK60 8	838	Activation of transcription through serum response element in immune cells (such as T-cells).	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the

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invention includes a method for stimulating (e.g.,	increasing) TNF alpha	production. Preferred	indications include blood	disorders (e.g., as described	below under "Immune	Activity", "Blood-Related	Disorders", and/or	"Cardiovascular Disorders"),	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases
the ability of polypeptides of the invention (including	antibodies and agonists or	antagonists of the invention) to	regulate the serum response	factors and modulate the	expression of genes involved	in growth. Exemplary assays	for transcription through the	SRE that may be used or	routinely modified to test SRE	activity of the polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention)	include assays disclosed in	Berger et al., Gene 66:1-10	(1998); Cullen and Malm,	Methods in Enzymol 216:362-	368 (1992); Henthorn et al.,	Proc Natl Acad Sci USA	85:6342-6346 (1988); and	Black et al., Virus Genes	12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).
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suppression suppre	art indication is diabetes mellitus.  An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel impotence (e.g., due to diabetic neuropathy), solood vessel impotence (e.g., due to diabetic neuropathy), and to blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy) or blood vessel
	Assays for measuring calcium flux are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to mobilize calcium. For example, the FLPR assay may be used to measure influx of calcium. Cells normally have very low concentrations of cytosolic calcium compared to much higher extracellular calcium. Extracellular factors can cause an influx of calcium, leading to activation of calcium, responsive signaling pathways
	Stimulation of Calcium Flux in pancreatic beta cells.
	839
-	HTPCS72

	and alterations in cell	blockage), seizures, mental
	functions. Exemplary assays	confusion, drowsiness,
	that may be used or routinely	nonketotic hyperglycemic-
	modified to measure calcium	hyperosmolar coma,
	flux by polypeptides of the	cardiovascular disease (e.g.,
	invention (including antibodies	heart disease, atherosclerosis,
	and agonists or antagonists of	microvascular disease,
	the invention) include assays	hypertension, stroke, and other
-	disclosed in: Satin LS, et al.,	diseases and disorders as
	Endocrinology, 136(10):4589-	described in the
	601 (1995); Mogami H, et al.,	"Cardiovascular Disorders"
	Endocrinology, 136(7):2960-6	section below), dyslipidemia,
	(1995); Richardson SB, et al.,	endocrine disorders (as
	Biochem J, 288 ( Pt 3):847-51	described in the "Endocrine
	(1992); and, Meats, JE, et al.,	Disorders" section below),
	Cell Calcium 1989 Nov-	neuropathy, vision impairment
	Dec;10(8):535-41 (1989), the	(e.g., diabetic retinopathy and
	contents of each of which is	blindness), ulcers and impaired
	herein incorporated by	wound healing, and infection
	reference in its entirety.	(e.g., infectious diseases and
	Pancreatic cells that may be	disorders as described in the
	used according to these assays	"Infectious Diseases" section
	are publicly available (e.g.,	below, especially of the
	through the ATCC) and/or	urinary tract and skin), carpal
	may be routinely generated.	tunnel syndrome and
	Exemplary pancreatic cells that	Dupuytren's contracture).
	may be used according to these	An additional highly preferred
	assays include HITT15 Cells.	indication is obesity and/or
	HITT15 are an adherent	complications associated with
	epithelial cell line established	obesity. Additional highly
	from Syrian hamster islet cells	preferred indications include

				transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78:	weight loss or alternatively, weight gain.    Aditional highly preferred indications are complications associated with insulin resistance.
	HTPCS72	839	TNFa in Human T-cell 2B9		
<del></del>	НТРІН83	840	Insulin Secretion	Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using anti-rat insulin antibodies. Insulin secretion from pancreatic beta cells is	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage

	8	also by certain	neuropathy), blood vessel
	Id .	proteins/peptides, and	blockage, heart disease, stroke,
	<del>, ij</del>	disregulation is a key	impotence (e.g., due to diabetic
	3	component in diabetes.	neuropathy or blood vessel
	<u>日</u>	Exemplary assays that may be	blockage), seizures, mental
	sn	used or routinely modified to	confusion, drowsiness,
	te	test for stimulation of insulin	nonketotic hyperglycemic-
 	Se	secretion (from pancreatic	hyperosmolar coma,
	3	cells) by polypeptides of the	cardiovascular disease (e.g.,
	·i ·	invention (including antibodies	heart disease, atherosclerosis,
	a	and agonists or antagonists of	microvascular disease,
	th th	the invention) include assays	hypertension, stroke, and other
	. <del>D</del>	disclosed in: Shimizu, H., et	diseases and disorders as
	a	al., Endocr J, 47(3):261-9	described in the
	<u>(2</u>	(2000); Salapatek, A.M., et al.,	"Cardiovascular Disorders"
		Mol Endocrinol, 13(8):1305-	section below), dyslipidemia,
		17 (1999); Filipsson, K., et al.,	endocrine disorders (as
	<u> </u>	Ann N Y Acad Sci, 865:441-4	described in the "Endocrine
,	(1)	(1998); Olson, L.K., et al., J	Disorders" section below),
	<u>B</u>	Biol Chem, 271(28):16544-52	neuropathy, vision impairment
		(1996); and, Miraglia S et. al.,	(e.g., diabetic retinopathy and
	<u>)                                    </u>	Journal of Biomolecular	blindness), ulcers and impaired
	S	Screening, 4:193-204 (1999),	wound healing, and infection
	<del></del>	the contents of each of which	(e.g., infectious diseases and
	i	is herein incorporated by	disorders as described in the
	- Le	reference in its entirety.	"Infectious Diseases" section
	<u>d</u>	Pancreatic cells that may be	below, especially of the
	Ä	used according to these assays	urinary tract and skin), carpal
	<u></u>	are publicly available (e.g.,	tunnel syndrome and
	<del>=</del>	through the ATCC) and/or	Dupuytren's contracture).
	п	may be routinely generated.	An additional highly preferred

		Exemplary pancreatic cells that may be used according to these assays include HTTT15 Cells.  HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and suppressed by somatostatin or complication in the cells secrete insulin, which is somatostatin or complication is obesity and/or obesity. Additional highly preferred indications include weight loss or alternatively preferred indications are complications are complications are complications are complications associated with SV40. These complications associated with SV40 and suppressed by somatostatin or complication is obesity and/or obesity and/or obesity. Additional highly preferred indications include weight loss or alternatively include weight loss or alternatively include weight sain. Additional highly weight loss or alternatively include weight loss or alternatively include weight loss or alternatively include weight sain. Additional highly weight loss or alternatively include weight loss or alternatively include weight sain. Additional highly weight loss or alternatively include weight sain. Additional highly weight loss or alternatively include weight sain. Additional highly weight loss or alternatively include weight loss or alternatively include weight loss or alternatively included weight loss or alternatively included weight sain. Additional highly are complications are complications are complications are complications are complications. The complications are complications are complications are complications are complications are complications.	indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.
HTSEW17 841	Stimulation of insulin secretion from pancreatic beta cells.	Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981. Assays for measuring secretion of insulin are well-known in the art and may be used or routinely modified to assess the invention (including antibodies and agonists or antagonists of the invention) to stimulate insulin secretion. For example, insulin secretion is measured by FMAT using	A highly preferred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal

	anti-rat insulin antibodies.	Disorders" section below).
	Insulin secretion from	diabetic neuropathy, nerve
	pancreatic beta cells is	disease and nerve damage
	upregulated by glucose and	(e.g., due to diabetic
	also by certain	neuropathy), blood vessel
	proteins/peptides, and	blockage, heart disease, stroke,
	disregulation is a key	impotence (e.g., due to diabetic
	component in diabetes.	neuropathy or blood vessel
	Exemplary assays that may be	blockage), seizures, mental
	used or routinely modified to	confusion, drowsiness,
	test for stimulation of insulin	nonketotic hyperglycemic-
	secretion (from pancreatic	hyperosmolar coma,
	cells) by polypeptides of the	cardiovascular disease (e.g.,
	invention (including antibodies	heart disease, atherosclerosis,
	and agonists or antagonists of	microvascular disease,
	the invention) include assays	hypertension, stroke, and other
	disclosed in: Ahren, B., et al.,	diseases and disorders as
-	Am J Physiol, 277(4 Pt	described in the
	2):R959-66 (1999); Li, M., et	"Cardiovascular Disorders"
	al., Endocrinology,	section below), dyslipidemia,
	138(9):3735-40 (1997); Kim,	endocrine disorders (as
	K.H., et al., FEBS Lett,	described in the "Endocrine
	377(2):237-9 (1995); and,	Disorders" section below),
	Miraglia S et. al., Journal of	neuropathy, vision impairment
	Biomolecular Screening,	(e.g., diabetic retinopathy and
	4:193-204 (1999), the contents	blindness), ulcers and impaired
	of each of which is herein	wound healing, and infection
	incorporated by reference in its	(e.g., infectious diseases and
	entirety. Pancreatic cells that	disorders as described in the
	may be used according to these	"Infectious Diseases" section
	assays are publicly available	below, especially of the

ure). preferred md/or ited with ighly include tively, Aditional ations are tted with	nts of the ng wention sts, or n attment of ty,
urinary tract and skin), carpal tunnel syndrome and Dupuytren's contracture). An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.	Preferred embodiments of the invention include using polypeptides of the invention (or antibodies, agonists, or antagonists thereof) in detection, diagnosis, prevention, and/or treatment of Cancer, Autoimmunity, Allergy and Asthma
urinary tract tunnel syndre Dupuytren's An additiona indication is complication obesity. Add preferred ind weight loss o weight gain. highly prefer complication insulin resist	Preferre inventio polypep (or antile antagon detectio preventi Cancer, Allergy
(e.g., through the ATCC) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include rat INS-1 cells. INS-1 cells are a semi-adherent cell line established from cells isolated from an X-ray induced rat transplantable insulinoma. These cells retain characteristics typical of native pancreatic beta cells including glucose inducible insulin secretion. References: Asfari	Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes.
	Activation of transcription through NFKB response element in immune cells (such as B-cells).
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	HTSEW17

transcription through the NFKB response element that	may be used or rountinely modified to test NFKB-	response element activity of	polypeptides of the invention	agonists or antagonists of the	invention) include assays	disclosed in: Gri G, et al., Biol	Chem, 273(11):6431-6438	(1998); Pyatt DW, et al., Cell	Biol Toxicol 2000;16(1):41-51	(2000); Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Valle	Blazquez et al, Immunology	90(3):455-460 (1997);	Aramburau et al., J Exp Med	82(3):801-810 (1995); and	Fraser et al., 29(3):838-844	(1999), the contents of each of	which are herein incorporated	by reference in its entirety.	Immune cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).
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		-																									

			tus.	rred	u	.g.,	tic	se								-		roke,	betic		=		_		.; .;	sis,
		erred	etes mell	hly prefe	nplicatio	abetes (e	hy, diabe	ney disea	. •	or other	rders as	Renal	n below)	hy, nerve	damage	tic	d vessel	isease, st	lue to dia	od vesse	es, menta	iness,	glycemic	na,	sease (e.)	erosclero
		A highly preferred	n is diabe	onal higl	n is a cor	d with di	etinopatl	thy, kidr	al failure	thy and/o	and disor	l in the "	s" section	neuropatl	nd nerve	to diabe	hy), bloo	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	hy or blo	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	ease, ath
		A hig	indication is diabetes mellitus.	An additional highly preferred	indication is a complication	associated with diabetes (e.g.,	diabetic retinopathy, diabetic	nephropathy, kidney disease	(e.g., renal failure,	nephropathy and/or other	diseases and disorders as	described in the "Renal	Disorders" section below),	diabetic neuropathy, nerve	disease and nerve damage	(e.g., due to diabetic	neuropathy), blood vessel	blockage	impotenc	neuropathy or blood vessel	blockage	confusio	nonketot	hyperosr	cardiova	heart disease, atherosclerosis,
ls that to these B-cell		ecretion	vn in	lor	ssess	des of	50	or	ntion) to	ion.	cretion	using	ies.			and					may be	fied to	nsulin	atic	of the	itibodies
nmune cel according e the Reh		easuring s	well-kno	ay be usec	lified to a	polypepti	(including	d agonists	f the inver	ılin secret	insulin se	y FMAT	n antibod	ion from	ta cells is	y glucose	n	ides, and	is a key	diabetes.	ssays that	nely modi	lation of i	m pancre	'peptides	cluding ar
Exemplary immune cells that may be used according to these assays include the Reh B-cell line.		Assays for measuring secretion	of insulin are well-known in	the art and may be used or	routinely modified to assess	the ability of polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention) to	stimulate insulin secretion.	For example, insulin secretion	is measured by FMAT using	anti-rat insulin antibodies.	Insulin secretion from	pancreatic beta cells is	upregulated by glucose and	also by certain	proteins/peptides, and	disregulation is a key	component in diabetes.	Exemplary assays that may be	used or routinely modified to	test for stimulation of insulin	secretion (from pancreatic	cells) by polypeptides of the	invention (including antibodies
Exer may assa line.		Ass	of i	the	ron	the	the	anti	ant	stin	For	isn	anti	Inst	pan	nbr	also	pro	disi	COL	Exe	nse	test	sec	<u>ခြ</u>	inv
	CD69 in Human T cells	Stimulation of	insulin secretion	from pancreatic	beta cells.																					
	0 8	S	·	- U	<u> </u>		-													_						
	842	842																								
	HTTBI76	HTTBI76																								

	and agonists or antagonists of	microvascular disease.
	the invention) include assays	hypertension, stroke, and other
	disclosed in: Ahren, B., et al.,	diseases and disorders as
	Am J Physiol, 277(4 Pt	described in the
	2):R959-66 (1999); Li, M., et	"Cardiovascular Disorders"
	al., Endocrinology,	section below), dyslipidemia,
	138(9):3735-40 (1997); Kim,	endocrine disorders (as
	K.H., et al., FEBS Lett,	described in the "Endocrine
	377(2):237-9 (1995); and,	Disorders" section below),
	Miraglia S et. al., Journal of	neuropathy, vision impairment
	Biomolecular Screening,	(e.g., diabetic retinopathy and
	4:193-204 (1999), the contents	blindness), ulcers and impaired
	of each of which is herein	wound healing, and infection
	incorporated by reference in its	(e.g., infectious diseases and
	entirety. Pancreatic cells that	disorders as described in the
	may be used according to these	"Infectious Diseases" section
	assays are publicly available	below, especially of the
	(e.g., through the ATCC)	urinary tract and skin), carpal
	and/or may be routinely	tunnel syndrome and
	generated. Exemplary	Dupuytren's contracture).
	pancreatic cells that may be	An additional highly preferred
	used according to these assays	indication is obesity and/or
	include rat INS-1 cells. INS-1	complications associated with
	cells are a semi-adherent cell	obesity. Additional highly
	line established from cells	preferred indications include
	isolated from an X-ray induced	weight loss or alternatively,
	rat transplantable insulinoma.	weight gain. Aditional
	These cells retain	highly preferred indications are
	characteristics typical of native	complications associated with
-	pancreatic beta cells including	insulin resistance.
	glucose inducible insulin	

				secretion. References: Asfari et al. Endocrinology 1992 130:167.	
	HTTBI76	842	Caspase (+camptothecin) in SW480		
	HTTBS64	843	Regulation of	Assays for the regulation of	A highly preferred
			transcription of	transcription of Malic Enzyme	indication is diabetes mellitus.
			Malic Enzyme in	are well-known in the art and	An additional highly preferred
-			hepatocytes	may be used or routinely	indication is a complication
				modified to assess the ability	associated with diabetes (e.g.,
				of polypeptides of the	diabetic retinopathy, diabetic
				invention (including antibodies	nephropathy, kidney disease
	-			and agonists or antagonists of	(e.g., renal failure,
_				the invention) to regulate	nephropathy and/or other
				transcription of Malic Enzyme,	diseases and disorders as
				a key enzyme in lipogenesis.	described in the "Renal
·				Malic enzyme is involved in	Disorders" section below),
				lipogenesisand its expression is	diabetic neuropathy, nerve
				stimulted by insulin. ME	disease and nerve damage
				promoter contains two direct	(e.g., due to diabetic
				repeat (DR1)- like elements	neuropathy), blood vessel
				MEp and MEd identified as	blockage, heart disease, stroke,
				putative PPAR response	impotence (e.g., due to diabetic
				elements. ME promoter may	neuropathy or blood vessel
				also responds to AP1 and other	blockage), seizures, mental
				transcription factors.	confusion, drowsiness,
				Exemplary assays that may be	nonketotic hyperglycemic-
				used or routinely modified to	hyperosmolar coma,
				test for regulation of	cardiovascular disease (e.g.,
				transcription of Malic Enzyme	heart disease, atherosclerosis,

(in hepatocytes) by	microvascular disease,
polypeptides of the invention	hypertension, stroke, and other
 (including antibodies and	diseases and disorders as
agonists or antagonists of the	described in the
invention) include assays	"Cardiovascular Disorders"
 disclosed in: Streeper, R.S., et	section below), dyslipidemia,
al., Mol Endocrinol,	endocrine disorders (as
12(11):1778-91 (1998);	described in the "Endocrine
Garcia-Jimenez, C., et al., Mol	Disorders" section below),
Endocrinol, 8(10):1361-9	neuropathy, vision impairment
(1994); Barroso, I., et al., J	(e.g., diabetic retinopathy and
Biol Chem, 274(25):17997-	blindness), ulcers and impaired
8004 (1999); Ijpenberg, A., et	wound healing, and infection
 al., J Biol Chem,	(e.g., infectious diseases and
272(32):20108-20117 (1997);	disorders as described in the
 Berger, et al., Gene 66:1-10	"Infectious Diseases" section
(1988); and, Cullen, B., et al.,	below, especially of the
   Methods in Enzymol.	urinary tract and skin), carpal
 216:362–368 (1992), the	tunnel syndrome and
 contents of each of which is	Dupuytren's contracture).
 herein incorporated by	An additional highly preferred
reference in its entirety.	indication is obesity and/or
Hepatocytes that may be used	complications associated with
 according to these assays are	obesity. Additional highly
publicly available (e.g.,	preferred indications include
through the ATCC) and/or	weight loss or alternatively,
may be routinely generated.	weight gain. Aditional
Exemplary hepatocytes that	highly preferred indications are
 may be used according to these	complications associated with
 assays includes the mouse	insulin resistance.
3T3-L1 cell line. 3T3-L1 is a	

	,		mouse preadipocyte cell line (adherent). It is a continuous substrain of 3T3 fibroblasts developed through clonal isolation. Cells undergo a preadipocyte to adipose-like conversion under appropriate differentiation culture conditions.	
HTWDF76	844	Activation of transcription through AP1 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the AP1 response element are known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to modulate growth and other cell functions. Exemplary assays for transcription through the AP1 response element that	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include
			modified to test AP1-response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1988); Cullen and	autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional highly preferred indications

		Malm Methods in Enzymol	include inflammation and
		216:362-368 (1992); Henthorn	inflammatory disorders.
		et al., Proc Natl Acad Sci USA	Highly preferred indications
		85:6342-6346 (1988);	also include neoplastic
		Rellahan et al., J Biol Chem	diseases (e.g., leukemia,
		272(49):30806-30811 (1997);	lymphoma, and/or as described
		Chang et al., Mol Cell Biol	below under
		18(9):4986-4993 (1998); and	"Hyperproliferative
		Fraser et al., Eur J Immunol	Disorders"). Highly preferred
		29(3):838-844 (1999), the	indications include neoplasms
		contents of each of which are	and cancers, such as, leukemia,
		herein incorporated by	lymphoma, prostate, breast,
		reference in its entirety. T	lung, colon, pancreatic,
		cells that may be used	esophageal, stomach, brain,
		according to these assays are	liver, and urinary cancer. Other
		publicly available (e.g.,	preferred indications include
		through the ATCC).	benign dysproliferative
		Exemplary mouse T cells that	disorders and pre-neoplastic
		may be used according to these	conditions, such as, for
		assays include the CTLL cell	example, hyperplasia,
		line, which is an IL-2	metaplasia, and/or dysplasia.
		dependent suspension-culture	Preferred indications include
	***	cell line with cytotoxic	arthritis, asthma, AIDS,
		activity.	allergy, anemia, pancytopenia,
			leukopenia, thrombocytopenia,
			Hodgkin's disease, acute
			lymphocytic anemia (ALL),
			plasmacytomas, multiple
			myeloma, Burkitt's lymphoma,
			granulomatous disease,
			inflammatory bowel disease,

				sepsis, psoriasis, suppression of immune reactions to transplanted organs and tissues, endocarditis, meningitis, and Lyme Disease.
HTWDF76	844	Activation of transcription through CD28 response element in immune cells (such as T-cells).	Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells.  Exemplary assays for transcription through the CD28 response element that may be used or routinely modified to test CD28-response element activity of polypeptides of the invention (including antibodies	A highly preferred embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An alternative highly preferred embodiment of the invention includes a method for inhibiting the activation of and/or inactivating T cells. A highly preferred
			and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988);	embodiment of the invention includes a method for stimulating (e.g., increasing) IL-2 production. An alternative highly preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) IL-2 production.

	McGuire and Iacobelli, J Immunol 159(3):1319-1327	Additional highly preferred indications include
 	(1997); Parra et al., J Immunol	inflammation and
	166(4):2437-2443 (2001); and	inflammatory disorders.
 	Butscher et al., J Biol Chem	Highly preferred indications
	3(1):552-560 (1998), the	include autoimmune diseases
	contents of each of which are	(e.g., rheumatoid arthritis,
	herein incorporated by	systemic lupus erythematosis,
	reference in its entirety. T	multiple sclerosis and/or as
	cells that may be used	described below),
	according to these assays are	immunodeficiencies (e.g., as
	publicly available (e.g.,	described below), boosting a T
-	through the ATCC).	cell-mediated immune
	Exemplary human T cells that	response, and suppressing a T
	may be used according to these	cell-mediated immune
	assays include the JURKAT	response. An additional highly
	cell line, which is a suspension	preferred indication includes
	culture of leukemia cells that	infection (e.g., AIDS, and/or as
	produce IL-2 when stimulated.	described below under
		"Infectious Disease").
 		Highly preferred indications
		include neoplastic diseases
		(e.g., melanoma, renal cell
		carcinoma, leukemia,
		lymphoma, and/or as described
		below under
		"Hyperproliferative
		Disorders"). Highly preferred
		indications include neoplasms
		and cancers, such as, for
		example, melanoma (e.g.,

			metastatic melanoma) renal
	_		coll consinous (or motostotic
	_	-	cell carcinoma (e.g., metastanc
	,,,,		renal cell carcinoma),
		-	leukemia, lymphoma (e.g., T
			cell lymphoma), and prostate,
			breast, lung, colon, pancreatic,
			esophageal, stomach, brain,
	•		liver and urinary cancer. Other
			preferred indications include
			benign dysproliferative
			disorders and pre-neoplastic
			conditions, such as, for
			example, hyperplasia,
			metaplasia, and/or dysplasia.
			A highly preferred indication
			is infection (e.g., tuberculosis,
-			infections associated with
	-		granulomatous disease, and
			osteoporosis, and/or an
			infectious disease as described
			below under "Infectious
			Disease"). A highly preferred
			indication is AIDS.
-	-		Additional highly preferred
-	-		indications include suppression
			of immune reactions to
			transplanted organs and/or
	~		tissues, uveitis, psoriasis, and
			tropical spastic paraparesis.
			Preferred indications include
			blood disorders (e.g., as

				described below under
				"Immine Activity", "Blood-
				Related Disorders", and/or
				"Cardiovascular Disorders").
				Preferred indications also
-				include anemia, pancytopenia,
				leukopenia, thrombocytopenia,
				Hodgkin's disease, acute
				lymphocytic anemia (ALL),
				plasmacytomas, multiple
				myeloma, Burkitt's lymphoma,
				arthritis, granulomatous
				disease, inflammatory bowel
				disease, sepsis, neutropenia,
				neutrophilia, hemophilia,
				hypercoagulation, diabetes
				mellitus, endocarditis,
				meningitis, Lyme Disease,
				asthma and allergy.
HTWDF76	844	Activation of	Assays for the activation of	A preferred embodiment of
		transcription	transcription through the	the invention includes a
		through serum	Serum Response Element	method for inhibiting (e.g.,
		response element in	(SRE) are well-known in the	reducing) TNF alpha
		immune cells (such	art and may be used or	production. An alternative
		as natural killer	routinely modified to assess	highly preferred embodiment
		cells).	the ability of polypeptides of	of the invention includes a
		`	the invention (including	method for stimulating (e.g.,
 			antibodies and agonists or	increasing) TNF alpha
			antagonists of the invention) to	production. Preferred
			regulate serum response	indications include blood
			factors and modulate the	disorders (e.g., as described

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below under "Immune	Activity", "Blood-Related	Disorders", and/or	"Cardiovascular Disorders"),	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and
below u	Activity	Disorde	"Cardio	Highly	include	(e.g., rh	systemi	Crohn"s	sclerosi	below),	(e.g., as	boosting	immune	suppres	immune	highly p	include	inflamn	treating	patients	arthritis	preferre	Highly	include	(e.g., le	and/or a	under "]	Disorde	highly p	include
expression of genes involved	in growth and upregulate the	function of growth-related	genes in many cell types.	Exemplary assays for	transcription through the SRE	that may be used or routinely	modified to test SRE activity	of the polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Benson	et al., J Immunol 153(9):3862-	3873 (1994); and Black et al.,	Virus Genes 12(2):105-117	(1997), the content of each of	which are herein incorporated	by reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary T cells that may be	used according to these assays	include the NK-YT cell line,
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									_								<u>.</u>													
																			-											

	which is a human natural killer	cancers, such as, for example,
	cell line with extolytic and	leukemia, lymphoma,
	cytotoxic activity.	melanoma, glioma (e.g.,
		malignant glioma), solid
		tumors, and prostate, breast,
		lung, colon, pancreatic,
		esophageal, stomach, brain,
	-	liver and urinary cancer. Other
		preferred indications include
		benign dysproliferative
		disorders and pre-neoplastic
		conditions, such as, for
		example, hyperplasia,
		metaplasia, and/or dysplasia.
		Preferred indications include
		anemia, pancytopenia,
		leukopenia, thrombocytopenia,
		Hodgkin's disease, acute
		lymphocytic anemia (ALL),
		plasmacytomas, multiple
		myeloma, Burkitt's lymphoma,
-		arthritis, AIDS, granulomatous
		disease, inflammatory bowel
		disease, neutropenia,
		neutrophilia, psoriasis,
		suppression of immune
	-	reactions to transplanted
		organs and tissues, hemophilia,
		hypercoagulation, diabetes
		mellitus, endocarditis,
		meningitis, Lyme Disease,

cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").	A preferred embodiment of the invention includes a method for inhibiting (e.g., reducing) TNF alpha production. An alternative preferred embodiment of the invention includes a method for stimulating (e.g., increasing) TNF alpha production. Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"), Highly preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, Crohn"s disease, multiple sclerosis and/or as described below), immunodeficiencies (e.g., as described below), hoosting a Teell-mediated
	Assays for the activation of transcription through the Serum Response Element (SRE) are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate the serum response factors and modulate the expression of genes involved in growth. Exemplary assays for transcription through the SRE that may be used or routinely modified to test SRE activity of the polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm,
	Activation of transcription through serum response element in immune cells (such as T-cells).
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	HTXCV12

	Sci USA suppressing a T cell-mediated	(1988); and immune response. Additional	-		of which are inflammatory disorders, and	ated by treating joint damage in		be used arthritis. An additional highly	ese assays are preferred indication is sepsis.	ole (e.g., Highly preferred indications			may be used according to these and/or as described below			ension culture   highly preferred indications	cytotoxic include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	avamnla hynemlacia
368 (1992); Henthorn et al.,	Proc Natl Acad Sci USA	85:6342-6346 (1988); and	Black et al., Virus Genes	12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used acc	assays include the CTLL cell	line, which is an IL-2	dependent suspension culture	of T cells with cytotoxic	activity.												
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metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").		ays for steins	of T
		RANTES FMAT. Assays for immunomodulatory proteins	that induce chemotaxis of T cells, monocytes, and
·	IFNg in Human T-cell 293T	Production of RANTES in	endothelial cells (such as human
	845	845	·
	HTXCV12	HTXCV12	

the art and may be used or routinely modified to assess the ability of polypeptides of	the invention (including antibodies and agonists or antagonists of the invention) to mediate immunomodulation,	induce chemotaxis, and/or mediate humoral or cell-mediated immunity.  Exemplary assays that test for	immunomodulatory proteins evaluate the production of cytokines, such as RANTES,	chemotactic responses in immune cells. Such assays that may be used or routinely modified to test	immunomodulatory activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include the assays	disclosed in Miraglia et al., J Biomolecular Screening 4:193- 204 (1999); Rowland et al., "Lymphocytes: a practical approach" Chapter 6:138-160 (2000): Cocchi et al., Science 270(5243):1811-1815 (1995);
endothelial cells (HUVEC))						

	Highly preferred indications include inflammation and inflammatory disorders. Highly preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Highly preferred indications
and Robinson et al., Clin Exp Immunol 101(3):398-407 (1995), the contents of each of which are herein incorporated by reference in its entirety. Endothelial cells that may be used according to these assays are publicly available (e.g., through the ATCC). Exemplary endothelial cells that may be used according to these assays include human umbilical vein endothelial cells (HUVEC), which are endothelial cells which line venous blood vessels, and are involved in functions that include, but are not limited to, angiogenesis, vascular tone,	and immune cell extravasation. Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB
	Activation of transcription through NFKB response element in immune cells (such as T-cells).
	845
	HTXCV12

include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	multiple sclerosis and/or as	described below), and	immunodeficiencies (e.g., as	described below). An	additional highly preferred	indication is infection (e.g.,	AIDS, and/or an infectious	disease as described below	under "Infectious Disease").	Highly preferred indications		(e.g., melanoma, leukemia,	lymphoma, and/or as described	n   below under	A "Hyperproliferative	et   Disorders"). Highly preferred	indications include neoplasms		example, melanoma, renal cell	carcinoma, leukemia,	lymphoma, and prostate,	breast, lung, colon, pancreatic,	esophageal, stomach, brain,		preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for
transcription factors and	modulate expression of	immunomodulatory genes.	Exemplary assays for	transcription through the	NFKB response element that	may be used or rountinely	modified to test NFKB-	response element activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Black et	al., Virus Gnes 15(2):105-117	(1997); and Fraser et al.,	29(3):838-844 (1999), the	contents of each of which are	herein incorporated by	reference in its entirety.	Exemplary human T cells,	such as the MOLT4, that may	be used according to these	assays are publicly available	(e.g., through the ATCC).	
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ion.	dications	ders (e.g.,	under	, "Blood-	, and/or	sorders"),	dications	e diseases	rthritis,	thematosis,	ultiple	described	ficiencies	below),	nediated	and	ll-mediated	Additional	dications	on and	rders, and	ige in	natoid	ional highly	n is sepsis.	ndications	diseases	nphoma,	l below	ferative
TNF alpha production.	Highly preferred indications	include blood disorders (e.g.,	as described below under	"Immune Activity", "Blood-	Related Disorders", and/or	"Cardiovascular Disorders"),	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative
in the art and may be used or	routinely modified to assess	the ability of polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention) to	mediate immunomodulation,	modulate inflammation and	cytotoxicity. Exemplary	assays that test for	immunomodulatory proteins	evaluate the production of	cytokines such as tumor	necrosis factor alpha (TNFa),	and the induction or inhibition	of an inflammatory or	cytotoxic response. Such	assays that may be used or	routinely modified to test	immunomodulatory activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Miraglia et al., J	Biomolecular Screening 4:193-	204(1999); Rowland et al.,	"Lymphocytes: a practical	approach" Chapter 6:138-160	(2000); Verhasselt et al., Eur J	Immunol 28(11):3886-3890
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(1198): Dahlen et al. J	Disorders"). Additionally.
Imminol 160(7):3585-3503	highly preferred indications
(1008): Vorbegalt of all 1	inging preferred markanons
(1990), vernassen et al., J	menue neopiasins and
Immunol 158:2919-2925	cancers, such as, leukemia,
(1997); and Nardelli et al., J	lymphoma, melanoma, glioma
Leukoc Biol 65:822-828	(e.g., malignant glioma), solid
(1999), the contents of each of	tumors, and prostate, breast,
which are herein incorporated	lung, colon, pancreatic,
by reference in its entirety.	esophageal, stomach, brain,
Human dendritic cells that may	liver and urinary cancer. Other
be used according to these	preferred indications include
assays may be isolated using	benign dysproliferative
techniques disclosed herein or	disorders and pre-neoplastic
otherwise known in the art.	conditions, such as, for
Human dendritic cells are	example, hyperplasia,
antigen presenting cells in	metaplasia, and/or dysplasia.
suspension culture, which,	Preferred indications include
when activated by antigen	anemia, pancytopenia,
and/or cytokines, initiate and	leukopenia, thrombocytopenia,
upregulate T cell proliferation	Hodgkin's disease, acute
and functional activities.	lymphocytic anemia (ALL),
	plasmacytomas, multiple
	myeloma, Burkitt's lymphoma,
	arthritis, AIDS, granulomatous
	disease, inflammatory bowel
	disease, neutropenia,
	neutrophilia, psoriasis,
	suppression of immune
	reactions to transplanted
	organs and tissues,
	hemophilia, hypercoagulation,

i				diabetes mellitus, endocarditis,
				cardiac reperfusion injury, and
				asthma and allergy. An
				additional preferred indication
				is infection (e.g., an infectious
				disease as described below
				under "Infectious Disease").
HTXFL30	846	Inhibition of	Reporter Assay: construct	
		squalene synthetase	contains regulatory and coding	
		gene transcription.	sequence of squalene	
			synthetase, the first specific	
			enzyme in the cholesterol	
			biosynthetic pathway. See	
			Jiang, et al., J. Biol. Chem.	
			268:12818-128241(993), the	
			contents of which are herein	
			incorporated by reference in its	
-			entirety. Cells were treated	
			with SID supernatants, and	
			SEAP activity was measured	
			after 72 hours. HepG2 is a	
			human hepatocellular	
			carcinoma cell line (ATCC	
_			HB-8065). See Knowles et al.,	
			Science. 209:497-9 (1980), the	
			contents of which are herein	
			incorporated by reference in its	
			entirety.	
HTXFL30	846	Regulation of	Kinase assays, for example an	Preferred embodiments of the
,		proliferation and/or	Elk-1 kinase assay for ERK	invention include using

		A highly preterred indication is diabetes mellitus. An additional highly preferred indication is a complication associated with diabetes (e.g., diabetic retinopathy, diabetic nephropathy, kidney disease (e.g., renal failure, nephropathy and/or other diseases and disorders as described in the "Renal Disorders" section below), diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel blockage, heart disease, stroke,
410(6824):37-40 (2001); and Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999); the contents of each of which are herein incorporated by reference in its entirety. Exemplary immune cells that may be used according to these assays include human mast cells such as the HMC-1 cell line.		Assays for the regulation of transcription of Malic Enzyme are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate transcription of Malic Enzyme, a key enzyme in lipogenesis. Malic enzyme is involved in lipogenesisand its expression is stimulted by insulin. ME promoter contains two direct repeat (DR1)- like elements
	Caspase (+camptothecin) in SW480	Regulation of transcription of Malic Enzyme in hepatocytes
	846	847
	HTXFL30	HTXJM03
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impotence (e.g., due to diabetic neuropathy or blood vessel	olockage), seizures, mental confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired	wound healing, and infection	(e.g., infectious diseases and	disorders as described in the	"Infectious Diseases" section	below, especially of the	urinary tract and skin), carpal	tunnel syndrome and	Dupuytren's contracture).	An additional highly preferred	indication is obesity and/or	complications associated with
putative PPAR response elements. ME promoter may	also responds to AP1 and otner transcription factors.	Exemplary assays that may be	used or routinely modified to	test for regulation of	transcription of Malic Enzyme	(in hepatocytes) by	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in: Streeper, R.S., et	al., Mol Endocrinol,	12(11):1778-91 (1998);	Garcia-Jimenez, C., et al., Mol	Endocrinol, 8(10):1361-9	(1994); Barroso, I., et al., J	Biol Chem, 274(25):17997-	8004 (1999); Ijpenberg, A., et	al., J Biol Chem,	272(32):20108-20117 (1997);	Berger, et al., Gene 66:1-10	(1988); and, Cullen, B., et al.,	Methods in Enzymol.	216:362–368 (1992), the	contents of each of which is	herein incorporated by	reference in its entirety.	Henatocytes that may be used
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according to these assays are publicly available (e.g., through the ATCC) and/or may be routinely generated.  Exemplary hepatocytes that highly preferred indications are	e se	substrain of 3T3 fibroblasts developed through clonal isolation. Cells undergo a pre-	adipocyte to adipose-like conversion under appropriate differentiation culture	Glucose Production in H4IIE	Insulin Secretion Assays for measuring secretion A highly preferred indication of insulin are well-known in is diabetes mellitus. An	the art and may be used or additional highly preferred routinely modified to assess indication is a complication	the ability of polypeptides of associated with diabetes (e.g., the invention (including diabetic retinopathy, diabetic		or ion) to on.	 	 	
				847	848						•	
				HTXJM03	HTXON32							
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diabetic neuropathy, nerve disease and nerve damage (e.g., due to diabetic neuropathy), blood vessel	blockage, heart disease, stroke, impotence (e.g., due to diabetic neuropathy or blood vessel	blockage), serzures, mental confusion, drowsiness, nonketotic hyperglycemic-	hyperosmolar coma, cardiovascular disease (e.g., heart disease, atherosclerosis,	microvascular disease, hypertension, stroke, and other	diseases and disorders as described in the	"Cardiovascular Disorders" section below), dyslipidemia,	endocrine disorders (as described in the "Endocrine	Disorders" section below), neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired wound healing, and infection	(e.g., infectious diseases and	disorders as described in the	below, especially of the	urinary tract and skin), carpal
Insulin secretion from pancreatic beta cells is upregulated by glucose and also by certain	proteins/peptides, and disregulation is a key component in diabetes.	Exemplary assays that may be used or routinely modified to test for stimulation of insulin	secretion (from pancreatic cells) by polypeptides of the invention (including antibodies	and agonists or antagonists of the invention) include assays	disclosed in: Shimizu, H., et al., Endocr J, 47(3):261-9	(2000); Salapatek, A.M., et al., Mol Endocrinol, 13(8):1305-	17 (1999); Filipsson, K., et al., Ann N Y Acad Sci, 865:441-4	(1998); Olson, L.K., et al., J Biol Chem. 271(28):16544-52	(1996); and, Miraglia S et. al.,	Journal of Biomolecular Screening, 4:193-204 (1999),	the contents of each of which	is herein incorporated by	reference in its entirety.  Pancreatic cells that may be	used according to these assays
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tunnel syndrome and Dupuytren's contracture).  An additional highly preferred indication is obesity and/or complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly hese preferred indications are complications associated with insulin resistance.  The insulin resistance.  CRL-  roc.					neopiastic diseases (e.g., as cell   described below under	
are publicly available (e.g., through the ATCC) and/or may be routinely generated. Exemplary pancreatic cells that may be used according to these assays include HITT15 Cells. HITT15 are an adherent epithelial cell line established from Syrian hamster islet cells transformed with SV40. These cells express glucagon, somatostatin, and glucocorticoid receptors. The cells secrete insulin, which is stimulated by glucose and glucagon and suppressed by somatostatin or glucocorticoids. ATTC# CRL-1777 Refs: Lord and Ashcroft. Biochem. J. 219: 547-551; Santerre et al. Proc. Natl. Acad. Sci. USA 78: 4339-4343, 1981.				Kinase assay. JNK and p38	kinase assays for signal transduction that regulate cell	proliferation, activation, or
	IgG in Human B cells SAC	CXCR4 in SW480	SEAP in 293/ISRE	Activation of T-	Cell p38 or JNK Sionaling Pathway.	0
	848	848	849	849		
	HTXON32	HTXON32	HUFBY15	HUFBY15		

apoptosis are well known in	Disorders"), blood disorders
the art and may be used or	(e.g., as described below under
routinely modified to assess	"Immune Activity",
the ability of polypeptides of	"Cardiovascular Disorders",
the invention (including	and/or "Blood-Related
antibodies and agonists or	Disorders"), and infection
antagonists of the invention) to	(e.g., an infectious disease as
promote or inhibit immune cell	described below under
(e.g. T-cell) proliferation,	"Infectious Disease"). Highly
activation, and apoptosis.	preferred indications include
Exemplary assays for JNK and	autoimmune diseases (e.g.,
p38 kinase activity that may be	rheumatoid arthritis, systemic
used or routinely modified to	lupus erythematosis, multiple
test JNK and p38 kinase-	sclerosis and/or as described
induced activity of	below) and
polypeptides of the invention	immunodeficiencies (e.g., as
(including antibodies and	described below). Additional
agonists or antagonists of the	highly preferred indications
invention) include the assays	include inflammation and
disclosed in Forrer et al., Biol	inflammatory disorders.
Chem 379(8-9):1101-1110	Highly preferred indications
(1998); Gupta et al., Exp Cell	also include neoplastic
Res 247(2): 495-504 (1999);	diseases (e.g., leukemia,
Kyriakis JM, Biochem Soc	lymphoma, and/or as described
Symp 64:29-48 (1999); Chang	below under
and Karin, Nature	"Hyperproliferative
410(6824):37-40 (2001); and	Disorders"). Highly preferred
Cobb MH, Prog Biophys Mol	indications include neoplasms
Biol 71(3-4):479-500 (1999);	and cancers, such as, leukemia,
the contents of each of which	lymphoma, prostate, breast,
are herein incorporated by	lung, colon, pancreatic,

			reference in its entirety. T	esophageal, stomach, brain, liver, and urinary cancer. Other
			according to these assays are	preferred indications include
			publicly available (e.g.,	benign dysproliferative
			through the ATCC).	disorders and pre-neoplastic
			Exemplary mouse T cells that	conditions, such as, for
			may be used according to these	example, hyperplasia,
			assays include the CTLL cell	metaplasia, and/or dysplasia.
			line, which is an IL-2	Preferred indications include
			dependent suspension-culture	arthritis, asthma, AIDS,
			cell line with cytotoxic	allergy, anemia, pancytopenia,
			activity.	leukopenia, thrombocytopenia,
				Hodgkin"s disease, acute
				lymphocytic anemia (ALL),
				plasmacytomas, multiple
				myeloma, Burkitt"s lymphoma,
				granulomatous disease,
				inflammatory bowel disease,
				sepsis, psoriasis, suppression
				of immune reactions to
 				transplanted organs and
				tissues, endocarditis,
				meningitis, and Lyme Disease.
HUFCJ30	850	IgG in Human B cells		
HUFCJ30	850	Stimulation of	Assays for measuring secretion	A highly preferred
		insulin secretion	of insulin are well-known in	indication is diabetes mellitus.
		from pancreatic	the art and may be used or	An additional highly preferred
		beta cells.	routinely modified to assess	indication is a complication
			the ability of polypeptides of	associated with diabetes (e.g.,
			the invention (including	diabetic retinopathy, diabetic

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nephropathy, kidney disease	(e.g., renal ranule,	hephropathy and/or other	diseases and disorders as	described in the "Renal	Disorders" section below),	diabetic neuropathy, nerve	disease and nerve damage	(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired
antibodies and agonists or	antagonists of the invention) to	stimulate insulin secretion.	For example, insulin secretion	is measured by FMAT using	anti-rat insulin antibodies.	Insulin secretion from	pancreatic beta cells is	upregulated by glucose and	also by certain	proteins/peptides, and	disregulation is a key	component in diabetes.	Exemplary assays that may be	used or routinely modified to	test for stimulation of insulin	secretion (from pancreatic	cells) by polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) include assays	disclosed in: Ahren, B., et al.,	Am J Physiol, 277(4 Pt	2):R959-66 (1999); Li, M., et	al., Endocrinology,	138(9):3735-40 (1997); Kim,	K.H., et al., FEBS Lett,	377(2):237-9 (1995); and,	Miraglia S et. al., Journal of	Biomolecular Screening,	4:193-204 (1999), the contents
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nfection	ses and	l in the	section	he	), carpal		ure).	preferred	ınd/or	ited with	ighly	include	tively,	Aditional	ations are	ited with							•	vention		al cell	e highly	it of the	method	slial cell
wound healing, and infection	(e.g., infectious diseases and	disorders as described in the	"Infectious Diseases" section	below, especially of the	urinary tract and skin), carpal	tunnel syndrome and	Dupuytren's contracture).	An additional highly preferred	indication is obesity and/or	complications associated with	obesity. Additional highly	preferred indications include	weight loss or alternatively,	gain.	highly preferred indications are	complications associated with	insulin resistance.						A highly preferred	embodiment of the invention	includes a method for	stimulating endothelial cell	growth. An alternative highly	preferred embodiment of the	invention includes a method	for inhibiting endothelial cell
wound h	(e.g., inf	disorder	"Infection	below, e	urinary t	tunnel s	Dupuytr	An addi	indicatic	complic	obesity.	preferre	weight l	weight gain.	highly p	complic	insulin 1						A hig	embodii	include	stimulat	growth.	preferre	inventic	for inhi
of each of which is herein	incorporated by reference in its	entirety. Pancreatic cells that	may be used according to these	assays are publicly available	(e.g., through the ATCC)	and/or may be routinely	generated. Exemplary	pancreatic cells that may be	used according to these assays	include rat INS-1 cells. INS-1	cells are a semi-adherent cell	line established from cells	isolated from an X-ray induced	rat transplantable insulinoma.	These cells retain	characteristics typical of native	pancreatic beta cells including	glucose inducible insulin	secretion. References: Asfari	et al. Endocrinology 1992	130:167.		Caspase Apoptosis Rescue.	Assays for caspase apoptosis	rescue are well known in the	art and may be used or	routinely modified to assess	the ability of the polypeptides	of the invention (including	antibodies and agonists or
																						SEAP in 293/ISRE	Protection from	Endothelial Cell	Apoptosis.	•				
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																						HUKAH51	HUKAH51							
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alternative highly preferred embodiment of the invention	includes a method for	inhibiting angiogenesis. A	highly preferred embodiment	of the invention includes a	method for reducing cardiac	hypertrophy. An alternative	highly preferred embodiment	of the invention includes a	method for inducing cardiac	hypertrophy. Highly	preferred indications include	neoplastic diseases (e.g., as	described below under	"Hyperproliferative	Disorders"), and disorders of	the cardiovascular system	(e.g., heart disease, congestive	heart failure, hypertension,	aortic stenosis,	cardiomyopathy, valvular	regurgitation, left ventricular	dysfunction, atherosclerosis	and atherosclerotic vascular	disease, diabetic nephropathy,	intracardiac shunt, cardiac	hypertrophy, myocardial	infarction, chronic	hemodynamic overload, and/or	as described below under
in functions that include, but	angiogenesis, vascular	permeability, vascular tone,	and immune cell extravasation.																										
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"Cardiovascular Disorders"). Highly preferred indications include cardiovascular, endothelial and/or angiogenic	disorders (e.g., systemic disorders that affect vessels such as diabetes mellitus, as	well as diseases of the vessels themselves, such as of the arteries, capillaries, veins and/or lymphatics). Highly	stimulate angiogenesis and/or cardiovascularization. Highly preferred are indications that	inhibit angiogenesis and/or cardiovascularization. Highly preferred indications include antiangiogenic activity to treat solid tumors,	sarcoma, and raposi's sarcoma, and retinal disorders. Highly preferred indications include neoplasms and cancer, such as, Kaposi's sarcoma,	cavernous), glomus tumors, telangiectasia, bacillary angiomatosis, hemangioendothelioma, angiosarcoma,

haemangiopericytoma,	lymphangioma,	lymphangiosarcoma. Highly	preferred indications also	include cancers such as,	prostate, breast, lung, colon,	pancreatic, esophageal,	stomach, brain, liver, and	urinary cancer. Preferred	indications include benign	dysproliferative disorders and	pre-neoplastic conditions, such	as, for example, hyperplasia,	metaplasia, and/or dysplasia.	Highly preferred indications	also include arterial disease,	such as, atherosclerosis,	hypertension, coronary artery	disease, inflammatory	vasculitides, Reynaud"s	disease and Reynaud"s	phenomenom, aneurysms,	restenosis; venous and	lymphatic disorders such as	thrombophlebitis,	lymphangitis, and	lymphedema; and other	vascular disorders such as	peripheral vascular disease,	and cancer. Highly	preferred indications also
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		include trauma such as
-		wounds, burns, and injured
		tissue (e.g., vascular injury
		such as, injury resulting from
		balloon angioplasty, and
		atheroschlerotic lesions),
		implant fixation, scarring,
		ischemia reperfusion injury,
		rheumatoid arthritis,
	-	cerebrovascular disease, renal
		diseases such as acute renal
		failure, and osteoporosis.
		Additional highly preferred
		indications include stroke,
		graft rejection, diabetic or
		other retinopathies, thrombotic
-		and coagulative disorders,
		vascularitis, lymph
		angiogenesis, sexual disorders,
		age-related macular
		degeneration, and treatment
		/prevention of endometriosis
		and related conditions.
		Additional highly preferred
		indications include fibromas,
		heart disease, cardiac arrest,
		heart valve disease, and
		vascular disease. Preferred
		indications include blood
		disorders (e.g., as described
		below under "Immune

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Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.	Highly preferred indications include asthma, allergy, hypersensitivity reactions, inflammation, and inflammatory disorders. Additional highly preferred indications include immune and hematopoietic disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"), autoimmune diseases (e.g.,
Activity", "Blood-Redisorders", and/or "Cardiovascular Disorders", and/or "Cardiovascular Disorders" and case autoimmune disease rheumatoid arthritis, lupus erythematosis, selerosis and/or as delow) and immunodeficiencies described below). A preferred indications inflammatory disord as acute and chronic inflammatory disease inflammatory bowel and Crohn's disease, management.	Highly preferred in include asthma, all hypersensitivity re inflammation, and inflammatory diso Additional highly indications include and hematopoietic (e.g., as described "Immune Activity" "Blood-Related Di autoimmune diseas
	Kinase assay. JNK kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation,
	Activation of JNK Signaling Pathway in immune cells (such as eosinophils).
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Moreover, exemplary assays	that may be used or routinely	modified to assess the ability	of polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) to modulate	signal transduction, cell	proliferation, activation, or	apoptosis in eosinophils	include assays disclosed and/or	cited in: Zhang JP, et al., "Role	of caspases in dexamethasone-	induced apoptosis and	activation of c-Jun NH2-	terminal kinase and p38	mitogen-activated protein	kinase in human eosinophils"	Clin Exp Immunol;	Oct;122(1):20-7 (2000);	Hebestreit H, et al.,	"Disruption of fas receptor	signaling by nitric oxide in	eosinophils" J Exp Med; Feb	2;187(3):415-25 (1998); J	Allergy Clin Immunol 1999	Sep;104(3 Pt 1):565-74; and,	Sousa AR, et al., "In vivo	resistance to corticosteroids in	bronchial asthma is associated	with enhanced
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			phosyphorylation of JUN N-terminal kinase and failure of prednisolone to inhibit JUN N-terminal kinase phosphorylation" J Allergy Clin Immunol; Sep;104(3 Pt 1):565-74 (1999); the contents of each of which are herein incorporated by reference in its	
HUKAHS1	851	SEAP in HepG2/Squale- synthetase(stimulati on)	entirety.	
HUKAH51	851	IL-2 in Human T-cell 293T		
HUSXS50	852	Activation of T-Cell p38 or JNK Signaling Pathway.	Kinase assay. JNK and p38 kinase assays for signal transduction that regulate cell proliferation, activation, or apoptosis are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit immune cell (e.g. T-cell) proliferation, activation, and apoptosis.	Preferred indications include neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity", "Cardiovascular Disorders", and/or "Blood-Related Disorders"), and infection (e.g., an infectious disease as described below under "Infectious Disease"). Highly preferred indications include autoimmune diseases (e.g.,

s, systemic s, multiple described	Additional dications	ders. Idications	as described	e y preferred	neoplasms is, leukemia,	e, breast, atic,	th, brain, ancer. Other	ns include itive	eoplastic, for	ia, dysplasia.	ns include	ncytonenia.
rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and imminodeficiencies (e.g. as imminodeficiencies (e.g. as	described below). Additional highly preferred indications include inflammation and	inflammatory disorders. Highly preferred indications also include neoplastic	lymphoma, and/or as described below under	"Hyperproliferative Disorders"). Highly preferred	indications include neoplasms and cancers, such as, leukemia,	lymphoma, prostate, breast, lung, colon, pancreatic,	esophageal, stomach, brain, liver, and urinary cancer. Other	preferred indications include benign dysproliferative	disorders and pre-neoplastic conditions, such as, for	example, hyperplasia, metaplasia, and/or dysplasia.	Preferred indications include	allergy, anemia, pancytopenia.
p38 kinase activity that may be used or routinely modified to test JNK and p38 kinase-induced activity of	(including antibodies and agonists or antagonists of the invention) include the assays	disclosed in Forrer et al., Biol Chem 379(8-9):1101-1110 (1998); Gupta et al., Exp Cell Per 247(2): 405 504 (1990).	Kyriakis JM, Biochem Soc Symp 64:29-48 (1999); Chang	and Karin, Nature 410(6824):37-40 (2001); and	Cobb MH, Prog Biophys Mol Biol 71(3-4):479-500 (1999);	the contents of each of which are herein incorporated by	reference in its entirety. T cells that may be used	according to these assays are publicly available (e.g.,	through the ATCC).  Exemplary mouse T cells that	may be used according to these assays include the CTLL cell	line, which is an IL-2	cell line with cytotoxic
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			activity.	leukopenia, thrombocytopenia,
				Hodgkin's disease, acute
				lymphocytic anemia (ALL),
				plasmacytomas, multiple
 				myeloma, Burkitt's lymphoma,
				granulomatous disease,
				inflammatory bowel disease,
				sepsis, psoriasis, suppression
				of immune reactions to
				transplanted organs and
				tissues, endocarditis,
				meningitis, and Lyme Disease.
HUSXS50	852	Activation of	Assays for the activation of	Highly preferred indications
		transcription	transcription through the	include asthma, allergy,
		through NFKB	NFKB response element are	hypersensitivity reactions, and
		response element in	well-known in the art and may	inflammation. Preferred
		immune cells (such	be used or routinely modified	indications include infection
		as EOL1 cells).	to assess the ability of	(e.g., an infectious disease as
			polypeptides of the invention	described below under
		•	(including antibodies and	"Infectious Disease"),
			agonists or antagonists of the	immunological disorders,
		-	invention) to regulate NFKB	inflammation and
			transcription factors and	inflammatory disorders (e.g.,
			modulate expression of	as described below under
			immunomodulatory genes.	"Immune Activity", and
			Exemplary assays for	"Blood-Related Disorders").
			transcription through the	Preferred indications include
 			NFKB response element that	autoimmune diseases (e.g.,
			may be used or rountinely	rheumatoid arthritis, systemic
			modified to test NFKB-	lupus erythematosis, multiple
			response element activity of	sclerosis and/or as described

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below) and immunodeficiencies (e.g., as	described below).																												
polypeptides of the invention (including antibodies and	agonists or antagonists of the	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Valle	Blazquez et al, Immunology	90(3):455-460 (1997);	Aramburau et al., J Exp Med	82(3):801-810 (1995); and	Fraser et al., 29(3):838-844	(1999), the contents of each of	which are herein incorporated	by reference in its entirety.	For example, a reporter assay	(which measures increases in	transcription inducible from a	NFkB responsive element in	EOL-1 cells) may link the	NFKB element to a repeorter	gene and binds to the NFKB	transcription factor, which is	upregulated by cytokines and	other factors. Exemplary	immune cells that may be used	according to these assays	include eosinophils such as the
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		Preferred embodiments of the
		Preferred en
human EOL-1 cell line of eosinophils. Eosinophils are a type of immune cell important in the allergic responses; they are recruited to tissues and mediate the inflammtory response of late stage allergic reaction. Eol-1 is a human eosinophil cell line.	Reporter Assay: construct contains regulatory and coding sequence of squalene synthetase, the first specific enzyme in the cholesterol biosynthetic pathway. See Jiang, et al., J. Biol. Chem. 268:12818-128241(993), the contents of which are herein incorporated by reference in its entirety. Cells were treated with SID supernatants, and SEAP activity was measured after 72 hours. HepG2 is a human hepatocellular carcinoma cell line (ATCC HB-8065). See Knowles et al., Science. 209:497-9 (1980), the contents of which are herein incorporated by reference in its entirety.	Assays for measuring calcium
	Inhibition of squalene synthetase gene transcription.	Calcium flux in
		852
	HUSXS50	HUSXS50

invention include using	polypeptides of the invention	(or antibodies, agonists, or	antagonists thereof) in	detection, diagnosis,	prevention, and/or treatment of	Infection, Inflammation,	Atherosclerosis,	Hypersensitivity, and	Leukemias																					
flux are well-known in the art	and may be used or routinely	modified to assess the ability	of polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) to mobilize	calcium. Cells normally have	very low concentrations of	cytosolic calcium compared to	much higher extracellular	calcium. Extracellular factors	can cause an influx of calcium,	leading to activation of	calcium responsive signaling	pathways and alterations in	cell functions. Exemplary	assays that may be used or	routinely modified to measure	calcium flux in immune cells	(such as monocytes) include	assays disclosed in: Chan, CC,	et al., J Pharmacol Exp Ther,	269(3):891-896 (1994);	Andersson, K, et al., Cytokine,	12(12):1784-1787 (2000);	Scully, SP, et al., J Clin Invest,	74(2) 589-599 (1984); and,	Sullivan, E, et al., Methods	Mol Biol, 114:125-133 (1999),	the contents of each of which
immune cells (such	as monocytes)													-					-			-								

			is herein incorporated by reference in its entirety. Cells	
			that may be used according to	
			these assays are publicly	
			available (e.g., unough me	
			AICC) and/or may be	
			rounnely generated.	
 			Exemplary cells that may be	
			used according to these assays include the THP-1 monocyte	
			cell line.	
HUVEB53	853	SEAP in HIB/CRE		
HUVEB53	853	Regulation of	Caspase Apoptosis. Assays	A highly preferred
		apoptosis in	for caspase apoptosis are well	indication is diabetes mellitus.
		pancreatic beta	known in the art and may be	An additional highly preferred
-		cells.	used or routinely modified to	indication is a complication
			assess the ability of	associated with diabetes (e.g.,
			polypeptides of the invention	diabetic retinopathy, diabetic
			(including antibodies and	nephropathy, kidney disease
			agonists or antagonists of the	(e.g., renal failure,
			invention) to promote caspase	nephropathy and/or other
			protease-mediated apoptosis.	diseases and disorders as
			Apoptosis in pancreatic beta is	described in the "Renal
			associated with induction and	Disorders" section below),
			progression of diabetes.	diabetic neuropathy, nerve
 			Exemplary assays for caspase	disease and nerve damage
			apoptosis that may be used or	(e.g., due to diabetic
			routinely modified to test	neuropathy), blood vessel
			capase apoptosis activity of	blockage, heart disease, stroke,
			polypeptides of the invention	impotence (e.g., due to diabetic
			(including antibodies and	neuropathy or blood vessel

invention) include the assays disclosed in. Lowwith, AC, et al., EBS Lett, 400(3):285-8 (1997); Saini, KS, et al., Biochem Mol Biol Int, Bramacol, 129(4):687-94 (issease and disorders as (2000); Chandra J, et al., Bramacol, 129(4):687-94 (issease and disorders as (2001); Suk K, et al., Diabetes, 50 Suppl 1:544-7 (2001); Suk K, et al., Bramacol, 166(7):4481-9 (issease and disorders as (2001); Suk K, et al., Bramacol, 166(7):4481-9 (issease and disorders as (2001); Tejedo J, et al., TEBS Lett, 459(2):315-20 (1999); Lee et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, 455(2-3): 122- (1999); Lee et al., FEBS Lett, 455(2):315-20 (1999); Lee et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, 455(2-3): 122- (1999); Lee et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, 455(2-3): 122- (1999); Lee et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, S, et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, St. et al., FEBS Lett, Assamad Harlan, Jack Chang, Assamad Harlan, Jack Chang, A	<u>.                                    </u>	చ '	.g., osis,	•	other		:	rs.	mia,		ine	7),	rment	y and	paired	ction	and	the	ction		arpal			[erred	/or	with	ıly	المارار
Fig. 1. See Fig. 1	sizures, men rowsiness,	ypergiycein r coma,	ar disease (e , atheroscle	ar disease,	ı, stroke, and	disorders a	the	ular Disorde	w), dyslipid	sorders (as	the "Endoci	ection belov	vision impa	c retinopath	llcers and in	ng, and info	ous diseases	described in	Jiseases" se	sially of the	and skin), o	ome and	contracture	al highly pre	obesity and	ns associate	ditional hig	dications in
agonists or antagonists of the invention) include the assays disclosed in: Loweth, AC, et al., FEBS Lett, 400(3):285-8 (1997); Saini, KS., et al., Biochem Mol Biol Int, 39(6):1229-8 (1996); Krautheim, A., et al., Br J Pharmacol, 129(4):687-94 (2000); Chandra J, et al., Diabetes, 50 Suppl 1:S44-7 (2001); Suk K, et al., J Immunol, 166(7):4481-9 (2001); Tejedo J, et al., FEBS Lett, 459(2):238-43 (1999); Zhang, S., et al., FEBS Lett, 459(2):38-43 (1999); Zhang, S., et al., FEBS Lett, 455(3):315-20 (1999); Lee et al., FEBS Lett 488(2-3): 122-126 (2000); and Karsan and Harlan, J Atheroscler Thromb 3(2): 75-80 (1996); the contents of each of which are herein incorporated by reference in its entirety. Pancreatic cells that may be used according to these assays are publicly available (e.g., through the ATCC)	blockage), se confusion, di	nonketotic ii hyperosmola	cardiovascul heart disease	microvascula	hypertension	diseases and	described in	"Cardiovasco	section below	endocrine di	described in	Disorders" s	neuropathy,	(e.g., diabeti	blindness), u	wound heali	(e.g., infection	disorders as	"Infectious I	below, espec	urinary tract	tunnel syndr	Dupuytren's	An additiona	indication is	complication	obesity. Ad	abulani andicationi pametara
agonists or antagoni invention) include the disclosed in: Lowell disclosed in: Lowell al., FEBS Lett, 4000 (1997); Saini, KS, e Biochem Mol Biol J 39(6):1229-36 (1997) Krautheim, A., et al. Pharmacol, 129(4): (2000); Chandra J, e Diabetes, 50 Suppl (2001); Suk K, et al. Immunol, 166(7):44 (2001); Suk K, et al. Immunol, 166(7):44 (2001); Tejedo J, et Lett, 459(2):238-43 (2001); Tejedo J, et Lett, 459(2):315-20 (199 al., FEBS Lett 485(3):315-20 (199 al., FEBS Lett 485(3):315-30 (	sts of the	n, AC, et 3):285-8	t al., int,	6);	Br J	587-94	et al.,	1:S44-7	., J	181-9	al., FEBS	(1999);	BS Lett,	9); Lee et	2-3): 122-	al., J Vasc	(2000);	lan, J	3(2): 75-	ents of each		erence in its	cells that	ing to these	available	TCC)	nely	
agonist invention discloss al., FEI (1997); (1997); (1997); (1997); (2001) (2001); (2001) (2001); (200	s or antagoni on) include tl	ed in: Lowei BS Lett, 400( 2 · · · 75	, Saini, KS, e m Mol Biol I	229-36 (199	eim, A., et al	acol, 129(4):(	; Chandra J, e	es, 50 Suppl	; Suk K, et al	iol, 166(7):44	; Tejedo J, et	59(2):238-43	S., et al., FE	:315-20 (199	BS Lett 485()	000); Nor et	(3): 209-218	ırsan and Har	scler Thromb	96); the conte	ch are herein	orated by refe	y. Pancreatic	s used accord	are publicly	hrough the A	may be routi	- -
	agonist inventio	disclose al., FEF	(1997);   Bioche	39(6):1	Krauth	Pharma	(2000);	Diabete	(2001);	Immun	(2001);	Lett, 45	Zhang,	455(3):	al., FEI	126 (20	Res 37	and Ka	Athero	80 (195	of whic	incorpo	entirety	may be	assays	(e.g., tl	and/or	
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				pancreatic cells that may be used according to these assays	weight loss or alternatively, weight gain. Aditional
				include RIN-m. RIN-m is a	highly preferred indications are
				rat adherent pancreatic beta	complications associated with
				cell insulinoma cell line	insulin resistance.
				derived from a radiation	
				induced transplantable rat islet	
				cell tumor. The cells produce	
				and secrete islet polypeptide	
		-		hormones, and produce insulin,	
				somatostatin, and possibly	
				glucagon. ATTC: #CRL-2057	
				Chick et al. Proc. Natl. Acad.	
- 1 <del>-77.</del>				Sci. 1977 74:628; AF et al.	
				Proc. Natl. Acad. Sci. 1980	
				77:3519.	
	HWAAD63	854	Regulation of	Assays for the regulation of	A highly preferred
			transcription	transcription through the FAS	indication is diabetes mellitus.
			through the FAS	promoter element are well-	An additional highly preferred
			promoter element	known in the art and may be	indication is a complication
			in hepatocytes	used or routinely modified to	associated with diabetes (e.g.,
				assess the ability of	diabetic retinopathy, diabetic
				polypeptides of the invention	nephropathy, kidney disease
				(including antibodies and	(e.g., renal failure,
				agonists or antagonists of the	nephropathy and/or other
				invention) to activate the FAS	diseases and disorders as
				promoter element in a reporter	described in the "Renal
				construct and to regulate	Disorders" section below),
				transcription of FAS, a key	diabetic neuropathy, nerve
				enzyme for lipogenesis. FAS	disease and nerve damage
					(e.g., due to diabetic

	transcription factors including	neuropathy) blood vessel
	SREBP. Insulin increases FAS	blockage, heart disease, stroke,
	gene transcription in livers of	impotence (e.g., due to diabetic
	diabetic mice. This	neuropathy or blood vessel
	stimulation of transcription is	blockage), seizures, mental
	also somewhat glucose	confusion, drowsiness,
	dependent. Exemplary assays	nonketotic hyperglycemic-
	that may be used or routinely	hyperosmolar coma,
	modified to test for FAS	cardiovascular disease (e.g.,
	promoter element activity (in	heart disease, atherosclerosis,
	hepatocytes) by polypeptides	microvascular disease,
	of the invention (including	hypertension, stroke, and other
-	antibodies and agonists or	diseases and disorders as
	antagonists of the invention)	described in the
	include assays disclosed in	"Cardiovascular Disorders"
	Xiong, S., et al., Proc Natl	section below), dyslipidemia,
	Acad Sci U.S.A., 97(8):3948-	endocrine disorders (as
	53 (2000); Roder, K., et al.,	described in the "Endocrine
	Eur J Biochem, 260(3):743-51	Disorders" section below),
	(1999); Oskouian B, et al.,	neuropathy, vision impairment
	Biochem J, 317 ( Pt 1):257-65	(e.g., diabetic retinopathy and
	(1996); Berger, et al., Gene	blindness), ulcers and impaired
	66:1-10 (1988); and, Cullen,	wound healing, and infection
	B., et al., Methods in Enzymol.	(e.g., infectious diseases and
	216:362–368 (1992), the	disorders as described in the
	contents of each of which is	"Infectious Diseases" section
	herein incorporated by	below, especially of the
	reference in its entirety.	urinary tract and skin), carpal
	Hepatocytes that may be used	tunnel syndrome and
	according to these assays, such	Dupuytren's contracture).
	as H4IIE cells, are publicly	An additional highly preferred

				available (e o through the	indication is obesity and/or
				ATOM 2004/2000 Po	complications associated with
				A1CC) and/or may be	complications associated with
				routinely generated.	obesity. Additional highly
				Exemplary hepatocytes that	preferred indications include
				may be used according to these	weight loss or alternatively,
				assays include rat liver	weight gain. Aditional
				hepatoma cell line(s) inducible	highly preferred indications are
				with glucocorticoids, insulin,	complications associated with
				or cAMP derivatives.	insulin resistance.
	HWABY10	855	Production of IL-6	IL-6 FMAT. IL-6 is produced	A highly preferred
				by T cells and has strong	embodiment of the invention
				effects on B cells. IL-6	includes a method for
				participates in IL-4 induced	stimulating (e.g., increasing)
	-			IgE production and increases	IL-6 production. An alternative
				IgA production (IgA plays a	highly preferred embodiment
				role in mucosal immunity).	of the invention includes a
				IL-6 induces cytotoxic T cells.	method for inhibiting (e.g.,
			_	Deregulated expression of IL-6	reducing) IL-6 production. A
			-	has been linked to autoimmune	highly preferrred indication is
				disease, plasmacytomas,	the stimulation or enhancement
				myelomas, and chronic	of mucosal immunity. Highly
				hyperproliferative diseases.	preferred indications include
				Assays for immunomodulatory	blood disorders (e.g., as
_				and differentiation factor	described below under
				proteins produced by a large	"Immune Activity", "Blood-
-				variety of cells where the	Related Disorders", and/or
				expression level is strongly	"Cardiovascular Disorders"),
				regulated by cytokines, growth	and infection (e.g., as
				factors, and hormones are well	described below under
_				known in the art and may be	"Infectious Disease"). Highly
				used or routinely modified to	preferred indications include

			assess the ability of	autoimmune diseases (e.g.,
			assess inclaning of	the sum of our builtie evertemic
			polypeptides of the invention	rneumatolu attituis, systemio
			(including antibodies and	lupus erythematosis, multiple
			agonists or antagonists of the	sclerosis and/or as described
			invention) to mediate	below) and
			immunomodulation and	immunodeficiencies (e.g., as
			differentiation and modulate T	described below). Highly
•			cell proliferation and function.	preferred indications also
			Exemplary assays that test for	include boosting a B cell-
			immunomodulatory proteins	mediated immune response
			evaluate the production of	and alternatively suppressing a
			cytokines, such as IL-6, and	B cell-mediated immune
_			the stimulation and	response. Highly preferred
	-		upregulation of T cell	indications include
			proliferation and functional	inflammation and
			activities. Such assays that	inflammatory
		_	may be used or routinely	disorders.Additional highly
			modified to test	preferred indications include
			immunomodulatory and	asthma and allergy. Highly
			diffferentiation activity of	preferred indications include
			polypeptides of the invention	neoplastic diseases (e.g.,
			(including antibodies and	myeloma, plasmacytoma,
			agonists or antagonists of the	leukemia, lymphoma,
			invention) include assays	melanoma, and/or as described
			disclosed in Miraglia et al., J	below under
		-	Biomolecular Screening 4:193-	"Hyperproliferative
			204(1999); Rowland et al.,	Disorders"). Highly preferred
		•	"Lymphocytes: a practical	indications include neoplasms
			approach" Chapter 6:138-160	and cancers, such as, myeloma,
			(2000); and Verhasselt et al., J	plasmacytoma, leukemia,
	<u>.</u>		Immunol 158: 2919-2925	lymphoma, melanoma, and

	(1997), the contents of each of which are herein incorporated	prostate, breast, lung, colon,
	by reference in its entirety.	stomach, brain, liver and
	Human dendritic cells that may	urinary cancer. Other preferred
	be used according to these	indications include benign
	assays may be isolated using	dysproliferative disorders and
	techniques disclosed herein or	pre-neoplastic conditions, such
	otherwise known in the art.	as, for example, hyperplasia,
	Human dendritic cells are	metaplasia, and/or dysplasia.
	antigen presenting cells in	Preferred indications include
	suspension culture, which,	anemia, pancytopenia,
	when activated by antigen	leukopenia, thrombocytopenia,
	and/or cytokines, initiate and	Hodgkin's disease, acute
	upregulate T cell proliferation	lymphocytic anemia (ALL),
	and functional activities.	multiple myeloma, Burkitt's
		lymphoma, arthritis, AIDS,
		granulomatous disease,
		inflammatory bowel disease,
		sepsis, neutropenia,
		neutrophilia, psoriasis,
		suppression of immune
		reactions to transplanted
		organs and tissues,
		hemophilia, hypercoagulation,
		diabetes mellitus, endocarditis,
		meningitis, and Lyme Disease.
		An additonal preferred
	-	indication is infection (e.g., an
		infectious disease as described
-		below under "Infectious
		Disease").

																				_	_					$\overline{}$
A preferred embodiment of the invention includes a method for inhibiting (e.g.,	reducing) TNF alpha production. An alternative	highly preferred embodiment	of the invention includes a	method for stimulating (e.g.,	increasing) INF alpha	indications include blood	disorders (e.g., as described	below under "Immune	Activity", "Blood-Related	Disorders", and/or	"Cardiovascular Disorders"),	Highly preferred indications	include autoimmune diseases	(e.g., rheumatoid arthritis,	systemic lupus erythematosis,	Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and
Assays for the activation of transcription through the Serum Response Element	(SRE) are well-known in the	routinely modified to assess	the ability of polypeptides of	the invention (including	antibodies and agonists or	regulate serum response	factors and modulate the	expression of genes involved	in growth and upregulate the	function of growth-related	genes in many cell types.	Exemplary assays for	transcription through the SRE	that may be used or routinely	modified to test SRE activity	of the polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Benson	et al., J Immunol 153(9):3862-
Activation of transcription through serum	response element in	as natural killer	cells).																							
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														_												

treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sepsis. Highly preferred indications	include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below under "Hyperproliferative Disorders"). Additionally,	include neoplasms and cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g.,	malignant glioma), solid tumors, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other	benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metanlasia and/or dysnlasia.	Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL),
3873 (1994); and Black et al., Virus Genes 12(2):105-117 (1997), the content of each of which are herein incorporated by reference in its entirety. T	cells that may be used according to these assays are publicly available (e.g., through the ATCC).  Exemplary T cells that may be	used according to these assays include the NK-YT cell line, which is a human natural killer cell line with cytolytic and cytotoxic activity.			

plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted	organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below under "Infectious Disease").	A highly preferred  embodiment of the invention includes a method for stimulating T cell proliferation. An alternative highly preferred embodiment of the invention includes a method for inhibiting T cell proliferation. A highly preferred embodiment of the invention includes a method for activating T cells. An  328 alternative highly preferred
		Assays for the activation of transcription through the CD28 response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to stimulate IL-2 expression in T cells.  Exemplary assays for transcription through the CD28
		Activation of transcription through CD28 response element in immune cells (such as T-cells).
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		response element that may be	embodiment of the invention
		used or routinely modified to	includes a method for
	-	test CD28-response element	inhibiting the activation of
		activity of polypeptides of the	and/or inactivating T cells.
		invention (including antibodies	A highly preferred
		and agonists or antagonists of	embodiment of the invention
		the invention) include assays	includes a method for
		disclosed in Berger et al., Gene	stimulating (e.g., increasing)
		66:1-10 (1998); Cullen and	IL-2 production. An alternative
		Malm, Methods in Enzymol	highly preferred embodiment
		216:362-368 (1992); Henthorn	of the invention includes a
		et al., Proc Natl Acad Sci USA	method for inhibiting (e.g.,
		85:6342-6346 (1988);	reducing) IL-2 production.
		McGuire and Iacobelli, J	Additional highly preferred
		Immunol 159(3):1319-1327	indications include
		(1997); Parra et al., J Immunol	inflammation and
		166(4):2437-2443 (2001); and	inflammatory disorders.
		Butscher et al., J Biol Chem	Highly preferred indications
		3(1):552-560 (1998), the	include autoimmune diseases
		contents of each of which are	(e.g., rheumatoid arthritis,
		herein incorporated by	systemic lupus erythematosis,
		reference in its entirety. T	multiple sclerosis and/or as
		cells that may be used	described below),
		according to these assays are	immunodeficiencies (e.g., as
		publicly available (e.g.,	described below), boosting a T
		through the ATCC).	cell-mediated immune
		Exemplary human T cells that	response, and suppressing a T
		may be used according to these	cell-mediated immune
 		assays include the SUPT cell	response. Highly preferred
		line, which is a suspension	indications include neoplastic
		culture of IL-2 and IL-4	diseases (e.g., melanoma, renal

 responsive T cells.	cell carcinoma, leukemia, lymphoma, and/or as described
	below under
	"Hyperproliferative
-	Disorders"). Highly preferred
-	indications include neoplasms
	and cancers, such as, for
	example, melanoma (e.g.,
	metastatic melanoma), renal
	cell carcinoma (e.g., metastatic
	renal cell carcinoma),
	leukemia, lymphoma (e.g., T
	cell lymphoma), and prostate,
	breast, lung, colon, pancreatic,
	esophageal, stomach, brain,
,,	liver and urinary cancer. Other
	preferred indications include
	benign dysproliferative
	disorders and pre-neoplastic
	conditions, such as, for
	example, hyperplasia,
	metaplasia, and/or dysplasia.
	A highly preferred indication
	includes infection (e.g.,
	AIDS, tuberculosis, infections
	associated with granulomatous
	disease, and osteoporosis,
	and/or as described below
	under "Infectious Disease"). A
	highly preferred indication is
	AIDS Additional highly

				prejerred illurcations illerand
				suppression of immune
				reactions to transplanted
				organs and/or tissues, uveitis,
				psoriasis, and tropical spastic
				paraparesis. Preferred
				indications include blood
				disorders (e.g., as described
_				below under "Immune
				Activity", "Blood-Related
				Disorders", and/or
				"Cardiovascular Disorders").
•				Preferred indications also
				include anemia, pancytopenia,
				leukopenia, thrombocytopenia,
				Hodgkin's disease, acute
				lymphocytic anemia (ALL),
				plasmacytomas, multiple
				myeloma, Burkitt's lymphoma,
				arthritis, granulomatous
				disease, inflammatory bowel
				disease, sepsis, neutropenia,
				neutrophilia, hemophilia,
				hypercoagulation, diabetes
	_			mellitus, endocarditis,
				meningitis, Lyme Disease,
				asthma and allergy.
HWADJ89	856	Activation of	Assays for the activation of	A preferred embodiment of
		transcription	transcription through the	the invention includes a
		through serum	Serum Response Element	method for inhibiting (e.g.,
		in the complete of the company	(CDE) are the limited the	Ladisaina) TNE olabo

			immune cells (such	art and may be used or	production. An alternative
			as T-cells).	routinely modified to assess	preferred embodiment of the
				the ability of polypeptides of	invention includes a method
_				the invention (including	for stimulating (e.g.,
<del>-</del>		-		antibodies and agonists or	increasing) TNF alpha
				antagonists of the invention) to	production. Preferred
				regulate the serum response	indications include blood
,				factors and modulate the	disorders (e.g., as described
				expression of genes involved	below under "Immune
_				in growth. Exemplary assays	Activity", "Blood-Related
_				for transcription through the	Disorders", and/or
				SRE that may be used or	"Cardiovascular Disorders"),
				routinely modified to test SRE	Highly preferred indications
				activity of the polypeptides of	include autoimmune diseases
				the invention (including	(e.g., rheumatoid arthritis,
				antibodies and agonists or	systemic lupus erythematosis,
	_			antagonists of the invention)	Crohn"s disease, multiple
				include assays disclosed in	sclerosis and/or as described
				Berger et al., Gene 66:1-10	below), immunodeficiencies
_				(1998); Cullen and Malm,	(e.g., as described below),
				Methods in Enzymol 216:362-	boosting a T cell-mediated
				368 (1992); Henthorn et al.,	immune response, and
				Proc Natl Acad Sci USA	suppressing a T cell-mediated
				85:6342-6346 (1988); and	immune response. Additional
	-			Black et al., Virus Genes	highly preferred indications
	-			12(2):105-117 (1997), the	include inflammation and
_				content of each of which are	inflammatory disorders, and
				herein incorporated by	treating joint damage in
				reference in its entirety. T	patients with rheumatoid
				cells that may be used	arthritis. An additional highly
				according to these assays are	preferred indication is sepsis.

ilable (e o Hiohly preferred indications	<u>.</u>	C cells that	may be used according to these and/or as described below	assays include the CTLL cell   under "Hyperproliferative		dependent suspension culture highly preferred indications		cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	anemia, pancytopenia,	leukopenia, thrombocytopenia,	Hodgkin's disease, acute	lymphocytic anemia (ALL),	plasmacytomas, multiple	myeloma, Burkitt's lymphoma,	arthritis, AIDS, granulomatous
miblicly available (e o	through the ATCC)	Exemplary m	may be used	assays includ	line, which is an IL-2	dependent su	of T cells with cytotoxic	activity.								-												-	
																										-			

disregulation is a key	impotence (e.g., due to diabetic
component in diabetes.	neuropathy or blood vessel
Exemplary assays that may be	
used or routinely modified to	confusion, drowsiness,
 test for stimulation of insulin	nonketotic hyperglycemic-
secretion (from pancreatic	hyperosmolar coma,
cells) by polypeptides of the	
invention (including antibodies	s   heart disease, atherosclerosis,
and agonists or antagonists of	microvascular disease,
the invention) include assays	hypertension, stroke, and other
disclosed in: Ahren, B., et al.,	diseases and disorders as
Am J Physiol, 277(4 Pt	described in the
2):R959-66 (1999); Li, M., et	"Cardiovascular Disorders"
al., Endocrinology,	section below), dyslipidemia,
138(9):3735-40 (1997); Kim,	endocrine disorders (as
K.H., et al., FEBS Lett,	described in the "Endocrine
 377(2):237-9 (1995); and,	Disorders" section below),
Miraglia S et. al., Journal of	neuropathy, vision impairment
Biomolecular Screening,	
4:193-204 (1999), the contents	•
of each of which is herein	wound healing, and infection
incorporated by reference in its	s   (e.g., infectious diseases and
entirety. Pancreatic cells that	disorders as described in the
may be used according to these	
assays are publicly available	below, especially of the
(e.g., through the ATCC)	urinary tract and skin), carpal
and/or may be routinely	tunnel syndrome and
generated. Exemplary	Dupuytren's contracture).
pancreatic cells that may be	An additional highly preferred
used according to these assays	
include rat INS-1 cells. INS-1	complications associated with

			cells are a semi-adherent cell line established from cells	obesity. Additional highly preferred indications include
	-		isolated from an X-ray induced	weight loss or alternatively,
-			rat transplantable insulinoma.	weight gain. Aditional
			These cells retain	highly preferred indications are
			characteristics typical of native	complications associated with
			pancreatic beta cells including	insulin resistance.
			glucose inducible insulin	
			secretion. References: Asfari	
			et al. Endocrinology 1992	
			130:167.	
HWBCB89	857	Activation of	Assays for the activation of	A preferred embodiment of
		transcription	transcription through the	the invention includes a
		through serum	Serum Response Element	method for inhibiting (e.g.,
	-	response element in	(SRE) are well-known in the	reducing) TNF alpha
		immune cells (such	art and may be used or	production. An alternative
		as T-cells).	routinely modified to assess	preferred embodiment of the
			the ability of polypeptides of	invention includes a method
			the invention (including	for stimulating (e.g.,
			antibodies and agonists or	increasing) TNF alpha
			antagonists of the invention) to	production. Preferred
			regulate the serum response	indications include blood
			factors and modulate the	disorders (e.g., as described
			expression of genes involved	below under "Immune
-			in growth. Exemplary assays	Activity", "Blood-Related
			for transcription through the	Disorders", and/or
			SRE that may be used or	"Cardiovascular Disorders"),
			routinely modified to test SRE	Highly preferred indications
			activity of the polypeptides of	include autoimmune diseases
			the invention (including	(e.g., rheumatoid arthritis,
			antibodies and agonists or	systemic lupus erythematosis,

				_																										_
Crohn"s disease, multiple	sclerosis and/or as described	below), immunodeficiencies	(e.g., as described below),	boosting a T cell-mediated	immune response, and	suppressing a T cell-mediated	immune response. Additional	highly preferred indications	include inflammation and	inflammatory disorders, and	treating joint damage in	patients with rheumatoid	arthritis. An additional highly	preferred indication is sepsis.	Highly preferred indications	include neoplastic diseases	(e.g., leukemia, lymphoma,		under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other
antagonists of the invention)	include assays disclosed in	Berger et al., Gene 66:1-10	(1998); Cullen and Malm,	Methods in Enzymol 216:362-	368 (1992); Henthorn et al.,	Proc Natl Acad Sci USA	85:6342-6346 (1988); and	Black et al., Virus Genes	12(2):105-117 (1997), the	content of each of which are	herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used according to these	assays include the CTLL cell	line, which is an IL-2	dependent suspension culture	of T cells with cytotoxic	activity.							
	_							-							-											-				
									-			-										-								
				_		_																								

rhinitis. Additional preferred	indications include infection	(e.g., an infectious disease as	described below under	"Infectious Disease"), and	inflammation and	inflammatory disorders.	Preferred indications also	include blood disorders (e.g.,	as described below under	"Immune Activity", "Blood-	Related Disorders", and/or	"Cardiovascular Disorders").	Preferred indications include	autoimmune diseases (e.g.,	rheumatoid arthritis, systemic	lupus erythematosis, multiple	sclerosis and/or as described			described below). Preferred	indications include neoplastic	diseases (e.g., leukemia,	lymphoma, melanoma,	prostate, breast, lung, colon,	pancreatic, esophageal,	stomach, brain, liver, and	urinary tract cancers and/or as	described below under		Disorders"). Other preferred
signaling pathway in HMC-1	human mast cell line.	Activation of GATA-3 in mast	cells has been linked to	cytokine and chemokine	production. Assays for the	activation of transcription	through the GATA3 response	element are well-known in the	art and may be used or	routinely modified to assess	the ability of polypeptides of	the invention (including	antibodies and agonists or	antagonists of the invention) to	regulate GATA3 transcription	factors and modulate	expression of mast cell genes	important for immune response	development. Exemplary	assays for transcription	through the GATA3 response	element that may be used or	routinely modified to test	GATA3-response element	activity of polypeptides of the	invention (including antibodies	and agonists or antagonists of	the invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and
through GATA-3	response element in	immune cells (such	as mast cells).																											
																		_			_			_						_
								-	_													•								

			Malm Methods in Enzymol	indications include benign
			216:362-368 (1992); Henthorn	dysproliferative disorders and
			et al., Proc Natl Acad Sci USA	pre-neoplastic conditions, such
			85:6342-6346 (1988); Flavell	as, for example, hyperplasia,
			et al., Cold Spring Harb Symp	metaplasia, and/or dysplasia.
			Quant Biol 64:563-571 (1999);	Preferred indications include
			Rodriguez-Palmero et al., Eur	anemia, pancytopenia,
			J Immunol 29(12):3914-3924	leukopenia, thrombocytopenia,
			(1999); Zheng and Flavell,	leukemias, Hodgkin's disease,
			Cell 89(4):587-596 (1997); and	acute lymphocytic anemia
			Henderson et al., Mol Cell Biol	(ALL), plasmacytomas,
			14(6):4286-4294 (1994), the	multiple myeloma, Burkitt's
			contents of each of which are	lymphoma, arthritis, AIDS,
			herein incorporated by	granulomatous disease,
			reference in its entirety. Mast	inflammatory bowel disease,
			cells that may be used	sepsis, neutropenia,
			according to these assays are	neutrophilia, psoriasis,
			publicly available (e.g.,	suppression of immune
			through the ATCC).	reactions to transplanted
			Exemplary human mast cells	organs and tissues, hemophilia,
			that may be used according to	hypercoagulation, diabetes
			these assays include the HMC-	mellitus, endocarditis,
			1 cell line, which is an	meningitis, and Lyme Disease.
			immature human mast cell line	
			established from the peripheral	
			blood of a patient with mast	
			cell leukemia, and exhibits	
			many characteristics of	
			immature mast cells.	
HWBCB89	857	CD152 in Human T		
		COILS		

857
transcription
through NFKB
response element in
immune cells (such
as T-cells).

example, melanoma, renal cell carcinoma, leukemia, lymphoma, and prostate, breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications also include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, sepsis, neutropenia, neutrophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, suppression of immune reactions to transplanted organs, asthma and allergy.	
29(3):838-844 (1999), the contents of each of which are herein incorporated by reference in its entirety.  Exemplary human T cells, such as the MOLT4, that may be used according to these assays are publicly available (e.g., through the ATCC).	f Assays for measuring
	Production of
	HWBCB89

				well-known in the art and may	polypeptides of the invention
				be used or routinely modified	(or antibodies, agonists, or
				to assess the ability of	antagonists thereot) in
				polypeptides of the invention	detection, diagnosis,
				(including antibodies and	prevention, and/or treatment of
				agonists or antagonists of the	Inflammation, Vascular
		·		invention) to regulate ICAM-1	Disease, Athereosclerosis,
				expression. Exemplary assays	Restenosis, and Stroke
-				that may be used or routinely	
				modified to measure ICAM-1	
			_	expression include assays	
				disclosed in: Takacs P, et al,	
	-	-		FASEB J, 15(2):279-281	
				(2001); and, Miyamoto K, et	
				al., Am J Pathol, 156(5):1733-	
				1739 (2000), the contents of	
				each of which is herein	
				incorporated by reference in its	
				entirety. Cells that may be	
				used according to these assays	
				are publicly available (e.g.,	
				through the ATCC) and/or	
				may be routinely generated.	
				Exemplary cells that may be	
				used according to these assays	
				include microvascular	
				endothelial cells (MVEC).	
	HWBCB89	857	Activation of	Assays for the activation of	A preferred embodiment of
			transcription	transcription through the	the invention includes a
			through serum	Serum Response Element	method for inhibiting (e.g.,
			response element in	(SRE) are well-known in the	reducing) TNF alpha

	immine cells (such	art and may be used or	production. An alternative	
 	a notive lillor	monting worlding to access	highly preferred embodiment	
	as natural killer	routiliery modified to assess	ingling preferred chilodalinein	
<u> </u>	cells).	the ability of polypeptides of	of the invention includes a	
		the invention (including	method for stimulating (e.g.,	
		antibodies and agonists or	increasing) TNF alpha	
		antagonists of the invention) to	production. Preferred	
		regulate serum response	indications include blood	
		factors and modulate the	disorders (e.g., as described	
 		expression of genes involved	below under "Immune	
		in growth and upregulate the	Activity", "Blood-Related	
		function of growth-related	Disorders", and/or	
		genes in many cell types.	"Cardiovascular Disorders"),	
		Exemplary assays for	Highly preferred indications	
		transcription through the SRE	include autoimmune diseases	
		that may be used or routinely	(e.g., rheumatoid arthritis,	
		modified to test SRE activity	systemic lupus erythematosis,	
		of the polypeptides of the	Crohn"s disease, multiple	
		invention (including antibodies	sclerosis and/or as described	
		and agonists or antagonists of	below), immunodeficiencies	
		the invention) include assays	(e.g., as described below),	
		disclosed in Berger et al., Gene	boosting a T cell-mediated	
		66:1-10 (1998); Cullen and	immune response, and	
		Malm, Methods in Enzymol	suppressing a T cell-mediated	
		216:362-368 (1992); Henthorn	immune response. Additional	
		et al., Proc Natl Acad Sci USA	highly preferred indications	_
		85:6342-6346 (1988); Benson	include inflammation and	
		et al., J Immunol 153(9):3862-	inflammatory disorders, and	
		3873 (1994); and Black et al.,	treating joint damage in	
		Virus Genes 12(2):105-117	patients with rheumatoid	_
		(1997), the content of each of	arthritis. An additional highly	
		which are herein incorporated	preferred indication is sepsis.	

									-																				
Highly preferred indications include neoplastic diseases	(e.g., leukemia, lymphoma,	and/or as described below	under "Hyperproliferative	Disorders"). Additionally,	highly preferred indications	include neoplasms and	cancers, such as, for example,	leukemia, lymphoma,	melanoma, glioma (e.g.,	malignant glioma), solid	tumors, and prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	anemia, pancytopenia,	leukopenia, thrombocytopenia,	Hodgkin's disease, acute	lymphocytic anemia (ALL),	plasmacytomas, multiple	myeloma, Burkitt's lymphoma,	arthritis, AIDS, granulomatous	disease, inflammatory bowel
by reference in its entirety. T	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary T cells that may be	used according to these assays	include the NK-YT cell line,	which is a human natural killer	cell line with cytolytic and	cytotoxic activity.						~										-				
																												_	
			-																										

	putative PPAR response	impotence (e.g., due to diabetic
	elements. ME promoter may	neuropathy or blood vessel
	also responds to AP1 and other	blockage), seizures, mental
	transcription factors.	confusion, drowsiness,
	Exemplary assays that may be	nonketotic hyperglycemic-
	used or routinely modified to	hyperosmolar coma,
	test for regulation of	cardiovascular disease (e.g.,
	transcription of Malic Enzyme	heart disease, atherosclerosis,
	(in adipoocytes) by	microvascular disease,
	polypeptides of the invention	hypertension, stroke, and other
	(including antibodies and	diseases and disorders as
	agonists or antagonists of the	described in the
	invention) include assays	"Cardiovascular Disorders"
	disclosed in: Streeper, R.S., et	section below), dyslipidemia,
	al., Mol Endocrinol,	endocrine disorders (as
	12(11):1778-91 (1998);	described in the "Endocrine
 	Garcia-Jimenez, C., et al., Mol	Disorders" section below),
	Endocrinol, 8(10):1361-9	neuropathy, vision impairment
 	(1994); Barroso, I., et al., J	(e.g., diabetic retinopathy and
1	Biol Chem, 274(25):17997-	blindness), ulcers and impaired
 	8004 (1999); Ijpenberg, A., et	wound healing, and infection
	al., J Biol Chem,	(e.g., infectious diseases and
	272(32):20108-20117 (1997);	disorders as described in the
I	Berger, et al., Gene 66:1-10	"Infectious Diseases" section
	(1988); and, Cullen, B., et al.,	below, especially of the
	Methods in Enzymol.	urinary tract and skin), carpal
(1	216:362–368 (1992), the	tunnel syndrome and
 5	contents of each of which is	Dupuytren's contracture).
 	herein incorporated by	An additional highly preferred
	reference in its entirety.	indication is obesity and/or
1	Hepatocytes that may be used	complications associated with

			according to these assays are	obesity. Additional highly
			publicly available (e.g.,	preferred indications include
			through the ATCC) and/or	weight loss or alternatively,
			may be routinely generated.	weight gain. Aditional
_			Exemplary hepatocytes that	highly preferred indications are
			may be used according to these	complications associated with
			assays includes the H4IIE rat	insulin resistance.
			liver hepatoma cell line.	
HWBFX31	858	SEAP in OE-33		
 HWDAH38	829	Activation of	Assays for the activation of	A preferred embodiment of
		transcription	transcription through the	the invention includes a
		through serum	Serum Response Element	method for inhibiting (e.g.,
		response element in	(SRE) are well-known in the	reducing) TNF alpha
		immune cells (such	art and may be used or	production. An alternative
		as T-cells).	routinely modified to assess	preferred embodiment of the
			the ability of polypeptides of	invention includes a method
			the invention (including	for stimulating (e.g.,
			antibodies and agonists or	increasing) TNF alpha
			antagonists of the invention) to	production. Preferred
			regulate the serum response	indications include blood
			factors and modulate the	disorders (e.g., as described
			expression of genes involved	below under "Immune
			in growth. Exemplary assays	Activity", "Blood-Related
			for transcription through the	Disorders", and/or
			SRE that may be used or	"Cardiovascular Disorders"),
			routinely modified to test SRE	Highly preferred indications
			activity of the polypeptides of	include autoimmune diseases
			the invention (including	(e.g., rheumatoid arthritis,
			antibodies and agonists or	systemic lupus erythematosis,
			antagonists of the invention)	Crohn's disease, multiple
			include assays disclosed in	sclerosis and/or as described

below), immunodeficiencies (e.g., as described below), boosting a T cell-mediated immune response, and	suppressing a T cell-mediated immune response. Additional highly preferred indications include inflammation and	inflammatory disorders, and treating joint damage in patients with rheumatoid arthritis. An additional highly preferred indication is sensis	Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma, and/or as described below	under "Hyperproliferative Disorders"). Additionally, highly preferred indications include neoplasms and	cancers, such as, for example, leukemia, lymphoma, melanoma, glioma (e.g., malignant glioma), solid tumors, and prostate, breast.	lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include
Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992): Henthorn et al	908 (1992), Italianom et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); and Black et al., Virus Genes	content of each of which are herein incorporated by reference in its entirety. T cells that may be used	publicly available (e.g., through the ATCC).  Exemplary mouse T cells that may be used according to these	assays include the CTLL cell line, which is an IL-2 dependent suspension culture of T cells with cytotoxic	activity.	

disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia. Preferred indications include anemia, pancytopenia, leukopenia, thrombocytopenia, Hodgkin's disease, acute lymphocytic anemia (ALL), plasmacytomas, multiple myeloma, Burkitt's lymphoma, arthritis, AIDS, granulomatous disease, inflammatory bowel disease, neutropenia, neutrophilia, psoriasis, suppression of immune reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mellitus, endocarditis, meningitis, Lyme Disease, cardiac reperfusion injury, and asthma and allergy. An additional preferred indication is infection (e.g., an infectious disease as described below		Highly preferred indications include neoplastic diseases (e.g., leukemia, lymphoma,
		Assays for the activation of transcription through the Gamma Interferon Activation
	SEAP in OE-33	Activation of transcription through GAS
	859	860
	HWDAH38	HWHGZ51

and/or as described below under "Hyperproliferative Disorders"). Highly preferred indications include neoplasms	and cancers, such as, for example, leukemia, lymphoma (e.g., T cell lymphoma, non-Hodgkins lymphoma, hodgkin's disease),	breast, lung, colon, pancreatic, esophageal, stomach, brain, liver and urinary cancer. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia,	
Site (GAS) response element are well-known in the art and may be used or routinely modified to assess the ability	of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate STAT transcription factors and modulate gene expression involved in a wide variety of	cell functions. Exemplary assays for transcription through the GAS response element that may be used or routinely modified to test GAS-response element activity of polypeptides of the invention (including antibodies	and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthorn et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Matikainen et al., Blood 93(6):1980-1991 (1999); and Henttinen et al., J Immunol 155(10):4582-4587 (1995), the
response element in immune cells (such as T-cells).		·	
		<u>.                                    </u>	

					reactions to transplanted organs and tissues, hemophilia, hypercoagulation, diabetes mallitus and coadiatic
					meningitis, Lyme Disease, and asthma and allergy.
	HWHGZ51	098	Production of	MCP-1 FMAT. Assays for	A highly preferred
			MCP-1	immunomodulatory proteins	embodiment of the invention
				that are produced by a large	includes a method for
				variety of cells and act to	stimulating (e.g., increasing)
				induce chemotaxis and	MCP-1 production. An
				activation of monocytes and T	alternative highly preferred
				cells are well known in the art	embodiment of the invention
				and may be used or routinely	includes a method for
				modified to assess the ability	inhibiting (e.g., reducing)
				of polypeptides of the	MCP-1 production. A highly
,,				invention (including antibodies	preferred indication is
				and agonists or antagonists of	infection (e.g., an infectious
				the invention) to mediate	disease as described below
				immunomodulation, induce	under "Infectious Disease").
				chemotaxis, and modulate	Additional highly preferred
				immune cell activation.	indications include
				Exemplary assays that test for	inflammation and
				immunomodulatory proteins	inflammatory disorders.
				evaluate the production of cell	Preferred indications include
_				surface markers, such as	blood disorders (e.g., as
_				monocyte chemoattractant	described below under
				protein (MCP), and the	"Immune Activity", "Blood-
				activation of monocytes and T	Related Disorders", and/or
	-,-			cells. Such assays that may be	"Cardiovascular Disorders").
				used or routinely modified to	Highly preferred indications

test immunomodulatory and	include autoimmune diseases
 diffferentiation activity of	(e a rheumatoid arthritis
difficilitation activity of	(C.g., Incumatora attitus,
polypeptides of the invention	systemic lupus erythematosis,
(including antibodies and	multiple sclerosis and/or as
agonists or antagonists of the	described below) and
invention) include assays	immunodeficiencies (e.g., as
disclosed in Miraglia et al., J	described below). Preferred
Biomolecular Screening 4:193-	indications also include
204(1999); Rowland et al.,	anemia, pancytopenia,
"Lymphocytes: a practical	leukopenia, thrombocytopenia,
approach" Chapter 6:138-160	Hodgkin's disease, acute
(2000); Satthaporn and	lymphocytic anemia (ALL),
Eremin, J R Coll Surg Ednb	plasmacytomas, multiple
 45(1):9-19 (2001); and	myeloma, Burkitt's lymphoma,
Verhasselt et al., J Immunol	arthritis, AIDS, granulomatous
158:2919-2925 (1997), the	disease, inflammatory bowel
contents of each of which are	disease, sepsis, neutropenia,
herein incorporated by	neutrophilia, psoriasis,
reference in its entirety.	suppression of immune
Human dendritic cells that may	reactions to transplanted
be used according to these	organs and tissues,
assays may be isolated using	hemophilia, hypercoagulation,
techniques disclosed herein or	diabetes mellitus, endocarditis,
otherwise known in the art.	meningitis (bacterial and
Human dendritic cells are	viral), Lyme Disease, asthma,
antigen presenting cells in	and allergy Preferred
suspension culture, which,	indications also include
when activated by antigen	neoplastic diseases (e.g.,
and/or cytokines, initiate and	leukemia, lymphoma, and/or as
upregulate T cell proliferation	described below under
and functional activities.	"Hyperproliferative

Highly preferred indications include asthma, allergy, hypersensitivity reactions, and indications include infection (e.g., an infectious disease as described below under "Infectious Disease"), immunological disorders, inflammation and inflammation and inflammatory disorders (e.g., as described below under "Immune Activity", and "Blood-Related Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple
Assays for the activation of transcription through the NFKB response element are well-known in the art and may be used or routinely modified to assess the ability of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) to regulate NFKB transcription factors and modulate expression of immunomodulatory genes. Exemplary assays for transcription through the NFKB response element that may be used or rountinely modified to test NFKB-
Activation of transcription through NFKB response element in immune cells (such as EOL1 cells).
098
HWHGZ51

response element activity of following antibodies and fincibuling antibodies and immunodeficiencies (e.g., as agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998), Cullen and Mahn, Methods in Enzymol 216:362-368 (1992), Henthom et al., Proc Natl Acad Sci USA 85:6342-646 (1998), Valle Blazquez et al., mmunology 90(3):455-460 (1997); Aramburau et al., 1 Exp Med 82(3):801-818 (1992), and Fraser et al., 29(3):838-844 (1999), the contents of each of which are breten incorporated by reference in its entirety. For example, a reporter assay (which measures increases in transcription inducible from a NFkB responsive element in EOL-1 cells) may link the NFKB transcription factor, which is upregulated by cytokines and other factors. Exemplary immune cells that may be used																													
response element activity of polypeptides of the invention (including antibodies and agonists or antagonists of the invention) include assays disclosed in Berger et al., Gene 66:1-10 (1998); Cullen and Malm, Methods in Enzymol 216:362-368 (1992); Henthom et al., Proc Natl Acad Sci USA 85:6342-6346 (1988); Valle Blazquez et al., Immunology 90(3):455-460 (1998); yalle Blazquez et al., Immunology 90(3):455-460 (1998); yalle Blazquez et al., 1999); https://doi.org/10.1099; https://doi.org/10.109	sclerosis and/or as described below) and	immunodeficiencies (e.g., as	acsolicea octow).			*																							
	response element activity of polypeptides of the invention	(including antibodies and	invention) include assays	disclosed in Berger et al., Gene	66:1-10 (1998); Cullen and	Malm, Methods in Enzymol	216:362-368 (1992); Henthorn	et al., Proc Natl Acad Sci USA	85:6342-6346 (1988); Valle	Blazquez et al, Immunology	90(3):455-460 (1997);	Aramburau et al., J Exp Med	82(3):801-810 (1995); and	Fraser et al., 29(3):838-844	(1999), the contents of each of	which are herein incorporated	by reference in its entirety.	For example, a reporter assay	(which measures increases in	transcription inducible from a	NFkB responsive element in	EOL-1 cells) may link the	NFKB element to a repeorter	gene and binds to the NFKB	transcription factor, which is	upregulated by cytokines and	other factors. Exemplary	immune cells that may be used	according to these assays
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					_						407-2000-0																-		

			include eosinophils such as the human EOL-1 cell line of	
			eosinophils. Eosinophils are a type of immune cell important	
	- 1		in the allergic responses; they	
			are recruited to tissues and	
			mediate the inflammtory	
		_	response of late stage allergic	
			reaction. Eol-1 is a human	
			eosinophil cell line.	
HWHGZ51	098	CD152 in Human T		
		cells		
HWHGZ51	098	HLA-DR in Human		
		T cells		
HWHGZ51	860	SEAP in OE-33		
HWHGZ51	098	Hexosaminidase in		
		RBL-2H3		
HWLIH65	861	Activation of T-	Kinase assay. JNK and p38	Preferred indications include
		Cell p38 or JNK	kinase assays for signal	neoplastic diseases (e.g., as
		Signaling Pathway.	transduction that regulate cell	described below under
			proliferation, activation, or	"Hyperproliferative
			apoptosis are well known in	Disorders"), blood disorders
			the art and may be used or	(e.g., as described below under
			routinely modified to assess	"Immune Activity",
			the ability of polypeptides of	"Cardiovascular Disorders",
			the invention (including	and/or "Blood-Related
			antibodies and agonists or	Disorders"), and infection
			antagonists of the invention) to	(e.g., an infectious disease as
			promote or inhibit immune cell	described below under
			(e.g. T-cell) proliferation,	"Infectious Disease"). Highly
			activation, and apoptosis.	preferred indications include

																				_										
autoimmune diseases (e.g.,	rheumatoid arthritis, systemic	lupus erythematosis, multiple	sclerosis and/or as described	below) and	immunodeficiencies (e.g., as	described below). Additional	highly preferred indications	include inflammation and	inflammatory disorders.	Highly preferred indications	also include neoplastic	diseases (e.g., leukemia,	lymphoma, and/or as described	below under	"Hyperproliferative	Disorders"). Highly preferred	indications include neoplasms	and cancers, such as, leukemia,	lymphoma, prostate, breast,	lung, colon, pancreatic,	esophageal, stomach, brain,	liver, and urinary cancer. Other	preferred indications include	benign dysproliferative	disorders and pre-neoplastic	conditions, such as, for	example, hyperplasia,	metaplasia, and/or dysplasia.	Preferred indications include	arthritis, asthma, AIDS,
Exemplary assays for JNK and	p38 kinase activity that may be	used or routinely modified to	test JNK and p38 kinase-	induced activity of	polypeptides of the invention	(including antibodies and	agonists or antagonists of the	invention) include the assays	disclosed in Forrer et al., Biol	Chem 379(8-9):1101-1110	(1998); Gupta et al., Exp Cell	Res 247(2): 495-504 (1999);	Kyriakis JM, Biochem Soc	Symp 64:29-48 (1999); Chang	and Karin, Nature	410(6824):37-40 (2001); and	Cobb MH, Prog Biophys Mol	Biol 71(3-4):479-500 (1999);	the contents of each of which	are herein incorporated by	reference in its entirety. T	cells that may be used	according to these assays are	publicly available (e.g.,	through the ATCC).	Exemplary mouse T cells that	may be used according to these	assays include the CTLL cell	line, which is an IL-2	dependent suspension-culture
														-																
			,	_	-		-							-																

				vascular permeability, vascular	indications include neoplasms
_				tone, and immune cell	and cancers such as, for
				extravasation. Exemplary	example, leukemia, lymphoma,
				endothelial cells that may be	melanoma, renal cell
				used according to these assays	carcinoma, and prostate,
				include human umbilical vein	breast, lung, colon, pancreatic,
				endothelial cells (HUVEC),	esophageal, stomach, brain,
				which are available from	liver and urinary cancer. Other
				commercial sources. The	preferred indications include
				expression of VCAM	benign dysproliferative
				(CD106), a membrane-	disorders and pre-neoplastic
				associated protein, can be	conditions, such as, for
				upregulated by cytokines or	example, hyperplasia,
				other factors, and contributes	metaplasia, and/or dvsplasia.
			-	to the extravasation of	J. C. J.
				lymphocytes, lencocytes and	
				other immine cells from blood	
				vessels: thus VCAM	
				coords, titles to the	
				expression plays a role in	
	_			promoting immune and	
				inflammatory responses.	
	HTEAM34	862	TNFa in Human T-cell 2B9		
	HTEAM34	862	Activation of	Kinase assay. JNK and p38	A highly preferred
			Endothelial Cell	kinase assays for signal	embodiment of the invention
			p38 or JNK	transduction that regulate cell	includes a method for
			Signaling Pathway.	proliferation, activation, or	stimulating endothelial cell
				apoptosis are well known in	growth. An alternative highly
				the art and may be used or	preferred embodiment of the
				routinely modified to assess	invention includes a method
				the ability of polypeptides of	for inhibiting endothelial cell

the invention (including	orouth A highly preferred
antihodies and agonists or	
antioonics and agomists of	
 antagonists of the invention) to	Includes a method for
 promote or inhibit cell	stimulating endothelial cell
proliferation, activation, and	proliferation. An alternative
 apoptosis. Exemplary assays	highly preferred embodiment
for JNK and p38 kinase	of the invention includes a
activity that may be used or	method for inhibiting
routinely modified to test JNK	endothelial cell proliferation.
and p38 kinase-induced	A highly preferred
activity of polypeptides of the	embodiment of the invention
invention (including antibodies	includes a method for
and agonists or antagonists of	stimulating apoptosis of
the invention) include the	endothelial cells. An
assays disclosed in Forrer et	alternative highly preferred
al., Biol Chem 379(8-9):1101-	embodiment of the invention
1110 (1998); Gupta et al., Exp	includes a method for
Cell Res 247(2): 495-504	inhibiting (e.g., decreasing)
(1999); Kyriakis JM, Biochem	apoptosis of endothelial cells.
Soc Symp 64:29-48 (1999);	A highly preferred
Chang and Karin, Nature	embodiment of the invention
410(6824):37-40 (2001); and	includes a method for
Cobb MH, Prog Biophys Mol	stimulating (e.g., increasing)
Biol 71(3-4):479-500 (1999);	endothelial cell activation. An
the contents of each of which	alternative highly preferred
are herein incorporated by	embodiment of the invention
reference in its entirety.	includes a method for
 Endothelial cells that may be	inhibiting (e.g., decreasing) the
used according to these assays	activation of and/or
are publicly available (e.g.,	inactivating endothelial cells.
through the ATCC).	A highly preferred

									_																					
embodiment of the invention	includes a method for	stimulating angiogenisis. An	alternative highly preferred	embodiment of the invention	includes a method for	inhibiting angiogenesis. A	highly preferred embodiment	of the invention includes a	method for reducing cardiac	hypertrophy. An alternative	highly preferred embodiment	of the invention includes a	method for inducing cardiac	hypertrophy. Highly	preferred indications include	neoplastic diseases (e.g., as	described below under	"Hyperproliferative	Disorders"), and disorders of	the cardiovascular system	(e.g., heart disease, congestive	heart failure, hypertension,	aortic stenosis,	cardiomyopathy, valvular	regurgitation, left ventricular	dysfunction, atherosclerosis	and atherosclerotic vascular	disease, diabetic nephropathy,	intracardiac shunt, cardiac	hypertrophy, myocardial
Exemplary endothelial cells	that may be used according to	these assays include human	umbilical vein endothelial cells	(HUVEC), which are	endothelial cells which line	venous blood vessels, and are	involved in functions that	include, but are not limited to,	angiogenesis, vascular	permeability, vascular tone,	and immune cell extravasation.																			
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angiomatosis, hemangioendothelioma, angiosarcoma,	haemangiopericytoma, lymphangioma,	lymphangiosarcoma. Highly preferred indications also	include cancers such as, prostate, breast, lung, colon.	pancreatic, esophageal,	stomach, brain, liver, and	urinary cancer. Preferred	indications include benign	dysproliferative disorders and	pre-neoplastic conditions, such	as, for example, hyperplasia,	metaplasia, and/or dysplasia.	Highly preferred indications	also include arterial disease,	such as, atherosclerosis,	hypertension, coronary artery	disease, inflammatory	vasculitides, Reynaud's	disease and Reynaud"s	phenomenom, aneurysms,	restenosis; venous and	lymphatic disorders such as	thrombophlebitis,	lymphangitis, and	lymphedema; and other	vascular disorders such as
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												-													

peripheral vascular disease, and cancer. Highly preferred indications also include trauma such as	wounds, burns, and injured tissue (e.g., vascular injury such as, injury resulting from balloon angioplasty, and atheroschlerotic lesions),	implant fixation, scarring, ischemia reperfusion injury, rheumatoid arthritis, cerebrovascular disease, renal	diseases such as acute renal failure, and osteoporosis. Additional highly preferred indications include stroke, graft rejection, diabetic or	other retinopathies, thrombotic and coagulative disorders, vascularitis, lymph angiogenesis, sexual disorders, age-related macular degeneration, and treatment	/prevention of endometriosis and related conditions. Additional highly preferred indications include fibromas, heart disease, cardiac arrest, heart valve disease, and vascular disease.

Preferred indications include blood disorders (e.g., as described below under "Immune Activity", "Blood-Related Disorders", and/or "Cardiovascular Disorders"). Preferred indications include autoimmune diseases (e.g., rheumatoid arthritis, systemic lupus erythematosis, multiple sclerosis and/or as described below) and immunodeficiencies (e.g., as described below). Additional preferred indications include inflammatory disorders (such as acute and chronic inflammatory diseases, e.g., inflammatory bowel disease and Crohn's disease), and pain management.	ys, A highly preferred e embodiment of the invention includes a method for stimulating adipocyte ion proliferation. An alternative highly preferred embodiment of the invention includes a ty method for inhibiting adipocyte proliferation. A
	Kinase assay. Kinase assays, for example an Elk-1 kinase assay, for ERK signal transduction that regulate cell proliferation or differentiation are well known in the art and may be used or routinely modified to assess the ability of polypeptides of the
	Activation of Adipocyte ERK Signaling Pathway
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highly preferred embodiment of the invention includes a method for stimulating adipocyte differentiation. An	alternative highly preferred embodiment of the invention includes a method for	inhibiting adipocyte differentiation. A highly preferred embodiment of the	invention includes a method for stimulating (e.g.,	increasing) adipocyte	highly preferred embodiment	of the invention includes a	activation of (e.g., decreasing)	and/or inactivating adipocytes.	Highly preferred indications	include endocrine disorders	(e.g., as described below under "Endocrine Disorders").	Highly preferred indications	also include neoplastic	diseases (e.g., lipomas,	liposarcomas, and/or as	described below under	"Hyperproliferative	Disorders"). Preferred	indications include blood
invention (including antibodies and agonists or antagonists of the invention) to promote or inhibit cell proliferation,	activation, and differentiation. Exemplary assays for ERK kinase activity that may be	used or routinely modified to test ERK kinase-induced activity of polypeptides of the	invention (including antibodies and agonists or antagonists of	the invention) include the	al., Biol Chem 379(8-9):1101-	1110 (1998); Le Marchand-	Endocrinol Diabetes	107(2):126-132 (1999);	Kyriakis JM, Biochem Soc	Symp 64:29-48 (1999); Chang	and Karin, Nature 410(6824):37-40 (2001); and	Cobb MH, Prog Biophys Mol	Biol 71(3-4):479-500 (1999);	the contents of each of which	are herein incorporated by	reference in its entirety.	Mouse adipocyte cells that	may be used according to these	assays are publicly available

(e.g., due to diabetic	neuropathy), blood vessel	blockage, heart disease, stroke,	impotence (e.g., due to diabetic	neuropathy or blood vessel	blockage), seizures, mental	confusion, drowsiness,	nonketotic hyperglycemic-	hyperosmolar coma,	cardiovascular disease (e.g.,	heart disease, atherosclerosis,	microvascular disease,	hypertension, stroke, and other	diseases and disorders as	described in the	"Cardiovascular Disorders"	section below), dyslipidemia,	endocrine disorders (as	described in the "Endocrine	Disorders" section below),	neuropathy, vision impairment	(e.g., diabetic retinopathy and	blindness), ulcers and impaired	wound healing, infection (e.g.,	infectious diseases and	disorders as described in the	"Infectious Diseases" section	below (particularly of the	urinary tract and skin). An	additional highly preferred	indication is obesity and/or
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complications associated with obesity. Additional highly preferred indications include weight loss or alternatively, weight gain. Additional highly preferred indications are complications associated with insulin resistance.  Additional highly preferred indications including myopathies, musculoskeletal systems including myopathies, muscular dystrophy, and/or as described herein.  Additional highly preferred indications include,	hypertension, coronary artery disease, dyslipidemia, gallstones, osteoarthritis, degenerative arthritis, eating disorders, fibrosis, cachexia, and kidney diseases or disorders. Preferred indications include neoplasms and cancer, such as, lymphoma, leukemia and breast, colon, and kidney cancer. Additional preferred indications include melanoma, prostate, lung, pancreatic, esophageal, stomach, brain,
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863 Inhibition of squalene synthetase gene transcription.	liver, and urinary cancer. Highly preferred indications include lipomas and liposarcomas. Other preferred indications include benign dysproliferative disorders and pre-neoplastic conditions, such as, for example, hyperplasia, metaplasia, and/or dysplasia.	s regulatory and coding se of squalene ase, the first specific in the cholesterol hetic pathway. See t al., J. Biol. Chem. 118-128241(993), the s of which are herein rated by reference in its. Cells were treated Supernatants, and ctivity was measured hours. HepG2 is a nepatocellular na cell line (ATCC 5). See Knowles et al., 209:497-9 (1980), the s of which are herein rated by reference in its
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## Table 1E

Polynucleotides encoding polypeptides of the present invention can be used in assays to test for one or more biological activities. One such biological activity which may be tested includes the ability of polynucleotides and polypeptides of the invention to stimulate up-regulation or down-regulation of expression of particular genes and proteins. Hence, if polynucleotides and polypeptides of the present invention exhibit activity in altering particular gene and protein expression patterns, it is likely that these polynucleotides and polypeptides of the present invention may be involved in, or capable of effecting changes in, diseases associated with the altered gene and protein expression profiles. Hence, polynucleotides, polypeptides, or antibodies of the present invention could be used to treat said associated diseases.

TaqMan® assays may be performed to assess the ability of polynucleotides (and polypeptides they encode) to alter the expression pattern of particular "target" genes. TaqMan® reactions are performed to evaluate the ability of a test agent to induce or repress expression of specific genes in different cell types. TaqMan® gene expression quantification assays ("TaqMan® assays") are well known to, and routinely performed by, those of ordinary skill in the art. TaqMan® assays are performed in a two step reverse transcription / polymerase chain reaction (RT-PCR). In the first (RT) step, cDNA is reverse transcribed from total RNA samples using random hexamer primers. In the second (PCR) step, PCR products are synthesized from the cDNA using gene specific primers.

To quantify gene expression the Taqman® PCR reaction exploits the 5' nuclease activity of AmpliTaq Gold® DNA Polymerase to cleave a Taqman® probe (distinct from the primers) during PCR. The Taqman® probe contains a reporter dye at the 5'-end of the probe and a quencher dye at the 3' end of the probe. When the probe is intact, the proximity of the reporter dye to the quencher dye results in suppression of the reporter fluorescence. During PCR, if the target of interest is present, the probe specifically anneals between the forward and reverse primer sites. AmpliTaq Fold DNA Polymerase then cleaves the probe between the reporter and quencher when the probe hybridizes to the target, resulting in increased fluorescence of the reporter (see Figure 2). Accumulation of PCR products is detected directly by monitoring the increase in fluorescence of the reporter dye.

After the probe fragments are displaced from the target, polymerization of the strand continues. The 3'-end of the probe is blocked to prevent extension of the probe during PCR. This process occurs in every cycle and does not interfere with the exponential accumulation of product. The increase in fluorescence signal is detected only if the target sequence is complementary to the probe and is amplified during PCR. Because of these requirements, any nonspecific amplification is not detected.

For test sample preparation, vector controls or constructs containing the coding sequence for the gene of interest are transfected into cells, such as for example 293T cells, and supernatants collected after 48 hours. For cell treatment and RNA isolation, multiple primary human cells or human cell lines are used; such cells may include but are not limited to, Normal Human Dermal Fibroblasts, Aortic Smooth Muscle, Human Umbilical Vein Endothelial Cells, HepG2, Daudi, Jurkat, U937, Caco, and THP-1 cell lines. Cells are plated in growth media and growth is arrested by culturing without media change for 3 days, or by switching cells to low serum media and incubating overnight. Cells are treated for 1, 6, or 24 hours with either vector control supernatant or sample supernatant (or purified/partially purified protein preparations in buffer). Total RNA is isolated; for example, by using Trizol extraction or by using the Ambion RNAqueous(TM)-4PCR RNA isolation system. Expression levels of multiple genes are analyzed using TAQMAN, and expression in the test sample is compared to control vector samples to identify genes induced or repressed. Each of the above described techniques are well known to, and routinely performed by, those of ordinary skill in the art.

Table 1E indicates particular disease classes and preferred indications for which polynucleotides, polypeptides, or antibodies of the present invention may be used in detecting, diagnosing, preventing, treating and/or ameliorating said diseases and disorders based on "target" gene expression patterns which may be up- or down-regulated by polynucleotides (and the encoded polypeptides) corresponding to each indicated cDNA Clone ID (shown in Table 1E, Column 2).

Thus, in preferred embodiments, the present invention encompasses a method of detecting, diagnosing, preventing, treating, and/or ameliorating a disease or disorder listed in the "Disease Class" and/or "Preferred Indication" columns of Table 1E; comprising administering to a patient in which such detection, diagnosis, prevention, or treatment is desired a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof) in an amount effective to detect, diagnose, prevent, treat, or ameliorate the disease or disorder. The first and second columns of Table 1D show the "Gene No." and "cDNA Clone ID No.", respectively, indicating certain nucleic acids and proteins (or antibodies against the same) of the invention (including polynucleotide, polypeptide, and antibody fragments or variants thereof) that may be used in detecting, diagnosing, preventing, treating, or ameliorating the disease(s) or disorder(s) indicated in the corresponding row in the "Disease Class" or "Preferred Indication" Columns of Table 1E.

In another embodiment, the present invention also encompasses methods of detecting, diagnosing, preventing, treating, or ameliorating a disease or disorder listed in the "Disease Class" or "Preferred Indication" Columns of Table 1E; comprising administering to a patient combinations of the proteins, nucleic acids, or antibodies of the invention (or fragments or variants thereof), sharing similar indications as shown in the corresponding rows in the "Disease Class" or "Preferred Indication" Columns of Table 1E.

The "Disease Class" Column of Table 1E provides a categorized descriptive heading for diseases, disorders, and/or conditions (more fully described below) that may be detected, diagnosed, prevented, treated, or ameliorated by a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof).

The "Preferred Indication" Column of Table 1E describes diseases, disorders, and/or conditions that may be detected, diagnosed, prevented, treated, or ameliorated by a protein, nucleic acid, or antibody of the invention (or fragment or variant thereof).

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The "Cell Line" and "Exemplary Targets" Columns of Table 1E indicate particular cell lines and target genes, respectively, which may show altered gene expression patterns (i.e., up- or down-regulation of the indicated target gene) in Taqman assays, performed as described above, utilizing polynucleotides of the cDNA Clone ID shown in the corresponding row. Alteration of expression patterns of the indicated "Exemplary Target" genes is correlated with a particular "Disease Class" and/or "Preferred Indication" as shown in the corresponding row under the respective column headings.

The "Exemplary Accessions" Column indicates GenBank Accessions (available online through the National Center for Biotechnology Information (NCBI) at <a href="http://www.ncbi.nlm.nih.gov/">http://www.ncbi.nlm.nih.gov/</a>) which correspond to the "Exemplary Targets" shown in the adjacent row.

The recitation of "Cancer" in the "Disease Class" Column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof) may be used for example, to detect, diagnose, prevent, treat, and/or ameliorate neoplastic diseases and/or disorders (e.g., leukemias, cancers, etc., as described below under "Hyperproliferative Disorders").

The recitation of "Immune" in the "Disease Class" column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, prevent, treat, and/or ameliorate diseases and/or disorders relating to neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), blood disorders (e.g., as described below under "Immune Activity" "Cardiovascular Disorders" and/or "Blood-Related Disorders"), and infections (e.g., as described below under "Infectious Disease").

The recitation of "Angiogenesis" in the "Disease Class" column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, treat, prevent, and/or ameliorate diseases and/or disorders relating to neoplastic diseases (e.g., as described below under "Hyperproliferative Disorders"), diseases and/or disorders of the cardiovascular system (e.g., as described below under "Cardiovascular Disorders"), diseases and/or disorders involving cellular and genetic abnormalities (e.g., as described below under "Diseases at the Cellular Level"),

diseases and/or disorders involving angiogenesis (e.g., as described below under "Anti-Angiogenesis Activity"), to promote or inhibit cell or tissue regeneration (e.g., as described below under "Regeneration"), or to promote wound healing (e.g., as described below under "Wound Healing and Epithelial Cell Proliferation").

The recitation of "Diabetes" in the "Disease Class" column indicates that the corresponding nucleic acid and protein, or antibody against the same, of the invention (or fragment or variant thereof), may be used for example, to detect, diagnose, treat, prevent, and/or ameliorate diabetes (including diabetes mellitus types I and II), as well as diseases and/or disorders associated with, or consequential to, diabetes (e.g. as described below under "Endocrine Disorders," "Renal Disorders," and "Gastrointestinal Disorders").

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**Table1E** 

Gene	cDNA CloneID	Disease Class	Preferred Indications	Cell Line	Exemplary Taroets	Exemplary Accessions
1-	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders, as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (AOSMC cells are aortic smooth muscle cells).	AOSMC	Vegfl	gb AF024710 A F024710
1	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ATCC as cell line number CRL-1573).	HEK293	TSP-1	gb X04665 HST HROMR
	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to,	HUVEC	Vegf1	gb AF024710 A F024710

			tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (HUVEC cells are human umbilical vein endothelial cells).			
7	HAGDG59	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders, as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The SK-N-MC neuroblastoma cell line is a cell line derived from human brain tissue available through the ATCC as cell line number HTB-10).	SK-N-MC neuroblastoma	Cycloox Vegf1	gb AF024710 A F024710
40	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders, as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ATCC as cell line number HTB-37).	Caco-2	ICAM VCAM	gb X06990 HSI CAM1 gb A30922 A30 922
40	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing,	Daudi	Vegfi	gb AF024710 A F024710

			neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Daudi cell line is a human B lymphoblast cell line available through the ATCC as cell line number CCL-213).			
40	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (HUVEC cells are human umbilical vein endothelial cells).	HUVEC	Vegf1	gb AF024710 A F024710
40	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Jurkat cell line is a human T lymphocyte cell line available through the ATCC as cell line number TIB-152).	Jurkat	VCAM	gb A30922 A30 922
40	HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases	NHDF	PAI	gb X12701 HSE NDPAI

		and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (NHDF cells are normal human dermal			
HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The THP-1 cell line is a human monocyte cell line available through the ATCC as cell line number TIB-202).	THP1	Vegf1	gb AF024710 A F024710
HCHNF25	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The U937 cell line is a human monocyte cell line available through the ATCC as cell line number CRL-1593.2).	U937	VCAM	gb A30922 A30 922
нррвQ71	Angiogenesis	Highly preferred indications include diagnosis,	AOSMC	Flt1	gb AF063657 A

			prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (AOSMC cells are aortic smooth muscle cells).		VCAM	F063657 gb A30922 A30 922
55	нррвQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Caco-2 cell line is a human colorectal adenocarcinoma cell line available through the ATCC as cell line number HTB-37).	Caco-2	Vegf1	gb AF024710 A F024710
25	нррвQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Daudi cell line is a human B lymphoblast cell line available through the ATCC as cell line number CCL-213).	Daudi	ICAM	gb X06990 HSI CAM1

gb AF063657 A F063657 gb X85761 HSN OS2E3	gb AF063657 A F063657 gb X04665 HST HROMR gb A30922 A30 922	gb AF063657 A F063657 gb AF024710 A F024710
Cycloox Flt1 iNOS	Flt1 TSP-1 VCAM	Fit1 Vegf1
HEK293	HUVEC	Jurkat
Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ATCC as cell line number CRL-1573).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (HUVEC cells are human umbilical vein endothelial cells).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Jurkat cell line is a human T lymphocyte cell line available through the ATCC as cell
Angiogenesis	Angiogenesis	Angiogenesis
HDPBQ71	н <b>D</b> РВQ71	нррвQ71
55	55	55

			line number TIB-152)			
55	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."	Liver	VCAM	gb A30922 A30 922
55	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (NHDF cells are normal human dermal fibroblasts).	NHDF	TSP-1 Vegfl	gb X04665 HST HROMR gb AF024710 A F024710
55	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."	T cell	JCAM Vegfi	gb X06990 HSI CAM1 gb AF024710 A F024710
55	HDPBQ71	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases	THPI	VCAM	gb A30922 A30 922

	gb A30922 A30 922	gb X04665 HST HROMR
	VCAM	TSP-1
	U937	TF-1
and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The THP-1 cell line is a human monocyte cell line available through the ATCC as cell line number TIB-202).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The U937 cell line is a human monocyte cell line available through the ATCC as cell line number CRL-1593.2).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The TF-1 cell line is a human erythroblast cell line available through the ATCC as cell line number CRL-2003).
	Angiogenesis	Angiogenesis
	н <b>D</b> РВQ71	н <b>г</b> сс <b>0</b> 50
	55	66

CAMI	U937 ICAM gb X06990 HSI CAM1	Adipocytes- ICAM gb X06990 HSI 3/12/01 PAI CAM1 Vegf1 gb X12701 HSE NDPAI gb AF024710 A F024710
Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The U937 cell line is a human monocyte cell line available through the ATCC as cell line number CRL-1593.2).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The U937 cell line is a human monocyte cell line available through the ATCC as cell line number CRL-1593.2).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell
Angiogenesis	Angiogenesis	Angiogenesis
HFCCQ50	HFVAB79	HJACG02
66 	107	132

gb A30922 A30 922	gb X06990 HSI CAM1 gb A30922 A30 922	gb X06990 HSI CAM1 gb X04665 HST HROMR gb AF024710 A F024710
VCAM	ICAM VCAM	ICAM TSP-1 Vegf1
AOSMC	Daudi	HUVEC
Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (AOSMC cells are aortic smooth muscle cells).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Daudi cell line is a human B lymphoblast cell line available through the ATCC as cell line number CCL-213).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (HUVEC cells are human umbilical vein endothelial cells).
Angiogenesis	Angiogenesis	Angiogenesis
HJACG02	HJACG02	HJACG02
132	132	132

gb A30922 A30 922 gb AF024710 A F024710	gb X04665 HST HROMR gb AF024710 A F024710	gb X06990 HSI CAM1
Vegfl	TSP-1 Vegf1	ICAM
AOSMC	HEK293	HUVEC
Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (AOSMC cells are aortic smooth muscle cells).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ATCC as cell line number CRL-1573).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (HUVEC cells are human umbilical vein endothelial cells).
Angiogenesis	Angiogenesis	Angiogenesis
HKACD58	HKACD58	HKACD58
142	142	142

gb A30922 A30 922	gb AF063657 A F063657 gb X06990 HSI CAM1 gb X12701 HSE NDPAI	gb A30922 A30 922
VCAM	Flt1 ICAM PAI	VCAM
NHDF		AOSMC
Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (NHDF cells are normal human dermal fibroblasts).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The U937 cell line is a human monocyte cell line available through the ATCC as cell line number CRL-1593.2).	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (AOSMC cells are aortic smooth muscle cells).
Angiogenesis	Angiogenesis	Angiogenesis
HKACD58	HNHFO29	HSDSB09
142	221	275

275	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis,	Caco-2	ICAM	ISH 06690X dg
			and disorders involving angiogenesis, wound healing,		VegtI	gb AF024710 A
			neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and			F024710
	-		disorders; as described herein under the headings			
			"Hyperproliterative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular			
			Level," and "Wound Healing and Epithelial Cell			
-			Proliferation."(The Caco-2 cell line is a human			
			colorectal adenocarcinoma cell line available through			
376	00000001		the ATCC as cell line number HTB-3/).			
	Wasus I	Angiogenesis	Highly preferred indications include diagnosis,	HEK293	Cycloox	
			prevention, treatment, and/or amelioration of diseases		VCAM	gb A30922 A30
-			and disorders involving angiogenesis, wound healing,			922
			neoplasia (particularly including, but not limited to,			
			tumor metastases), and cardiovascular diseases and			
			disorders; as described herein under the headings			
			"Hyperproliferative Disorders," "Regeneration," "Anti-			
			Angiogenesis Activity," "Diseases at the Cellular			
-			Level," and "Wound Healing and Epithelial Cell			
			Proliferation."(The HEK293 cell line is a human			
			embryonal kidney epithelial cell line available through			
$\dashv$			the ATCC as cell line number CRL-1573).			
275	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis,	HUVEC	ICAM	ISH 06690X dg
			prevention, treatment, and/or amelioration of diseases		Vegfl	CAM1
			and disorders involving angiogenesis, wound healing,			gb AF024710 A
			neoplasia (particularly including, but not limited to,			F024710
	•		tumor metastases), and cardiovascular diseases and			
			disorders; as described herein under the headings			
			"Hyperproliferative Disorders," "Regeneration," "Anti-			
			Angiogenesis Activity," "Diseases at the Cellular			
			Level," and "Wound Healing and Epithelial Cell			
			Proliferation: (HUVEC cells are human umbilical vein			

			endothelial cells)			
275	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Jurkat cell line is a human T lymphocyte cell line available through the ATCC as cell line number TIB-152).	Jurkat	Flt1	gb AF063657 A F063657
275	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Molt4 cell line is a human T cell line available through the ATCC as cell line number CRL-1582).	Molt4	iNOS	gb X85761 HSN OS2E3
275	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell	NHDF	Vegf1	gb AF024710 A F024710

			Proliferation "(NHDF cells are normal human dermal			
			fibroblasts).			
275	HSDSB09	Angiogenesis	erred indications include diagnosis, treatment, and/or amelioration of diseases is involving angiogenesis, wound healing, articularly including, but not limited to, stases), and cardiovascular diseases and s described herein under the headings ferative Disorders," "Regeneration," "Antisis Activity," "Diseases at the Cellular "Wound Healing and Epithelial Cell 1." (SUPT cells are human T-cells).	SUPT	VCAM	gb A30922 A30 922
275	HSDSB09	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The THP-1 cell line is a human monocyte cell line available through the ATCC as cell line number TIB-202).	THP1	ICAM TSP-1 VCAM Vegf1	gb X06990 HSI CAM1 gb X04665 HST HROMR gb A30922 A30 922 gb AF024710 A F024710
334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (AOSMC cells are aortic smooth muscle	AOSMC	TSP-1	gb X04665 HST HROMR

334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Daudi cell line is a human B lymphoblast cell line available through the ATCC as cell line number CCL-213).	Daudi	ICAM PAI	gb X06990 HSI CAM1 gb X12701 HSE NDPAI
334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The H9 cell line is a human T lymphocyte cell line available through the ATCC as cell line number HTB-176).	Н9	VCAM	gb A30922 A30 922
334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders, as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell	HEK293	Flt1 iNOS	gb AF063657 A F063657 gb X85761 HSN OS2E3

			Proliferation."(The HEK293 cell line is a human embryonal kidney epithelial cell line available through the ATCC as cell line number CRL-1573).			
334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (HUVEC cells are human umbilical vein endothelial cells).	HUVEC	Vegfi	gb AF024710 A F024710
334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation."	Liver	Flt1 ICAM PAI VCAM	gb AF063657 A F063657 gb X06990 HSI CAM1 gb X12701 HSE NDPAI gb A30922 A30 922
334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The Molt4 cell line is a human T cell line	Molt4	VCAM	gb A30922 A30 922

			available through the ATCC as cell #CRI -1582)			
334	HWHGZ51	Angiogenesis	asses ling, to, nd "Anti-	NHDF	Vegf1	gb AF024710 A F024710
334	HWHGZSI	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti-Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The THP-1 cell line is a human monocyte cell line available through the ATCC as cell line number TIB-202).	THPI	Vegfl	gb AF024710 A F024710
334	HWHGZ51	Angiogenesis	Highly preferred indications include diagnosis, prevention, treatment, and/or amelioration of diseases and disorders involving angiogenesis, wound healing, neoplasia (particularly including, but not limited to, tumor metastases), and cardiovascular diseases and disorders; as described herein under the headings "Hyperproliferative Disorders," "Regeneration," "Anti- Angiogenesis Activity," "Diseases at the Cellular Level," and "Wound Healing and Epithelial Cell Proliferation." (The U937 cell line is a human monocyte	U937	ICAM Vegf1	gb X06990 HSI CAM1 gb AF024710 A F024710

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Table 2 further characterizes certain encoded polypeptides of the invention, by providing the results of comparisons to protein and protein family databases. The first column provides a unique clone identifier, "Clone ID NO:", corresponding to a cDNA clone disclosed in Table 1A and/or Table 1B. The second column provides the unique contig identifier, "Contig ID:" which allows correlation with the information in Table 1B. The third column provides the sequence identifier, "SEQ ID NO:", for the contig polynucleotide sequences. The fourth column provides the analysis method by which the homology/identity disclosed in the Table was determined. The fifth column provides a description of the PFAM/NR hit identified by each analysis. Column six provides the accession number of the PFAM/NR hit disclosed in the fifth column. Column seven, score/percent identity, provides a quality score or the percent identity, of the hit disclosed in column five. Comparisons were made between polypeptides encoded by polynucleotides of the invention and a non-redundant protein database (herein referred to as "NR"), or a database of protein families (herein referred to as "PFAM"), as described below.

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The NR database, which comprises the NBRF PIR database, the NCBI GenPept database, and the SIB SwissProt and TrEMBL databases, was made non-redundant using the computer program nrdb2 (Warren Gish, Washington University in Saint Louis). Each of the polynucleotides shown in Table 1B (e.g., SEQ ID NO:X or the 'Query' sequence) was used to search against the NR database. The computer program BLASTX was used to compare a 6-frame translation of the Query sequence to the NR database (for information about the BLASTX algorithm please see Altshul et al., J. Mol. Biol. 215:403-410 (1990), and Gish and States, Nat. Genet. 3:266-272 (1993). A description of the sequence that is most similar to the Query sequence (the highest scoring 'Subject') is shown in column five of Table 2 and the database accession number for that sequence is provided in column six. The highest scoring 'Subject' is reported in Table 2 if (a) the estimated probability that the match occurred by chance alone is less than 1.0e-07, and (b) the match was not to a known repetitive element. BLASTX returns alignments of short polypeptide segments of the Query and Subject sequences which share a high degree of similarity; these segments are known as High-Scoring Segment Pairs or HSPs. Table 2 reports the degree of similarity between the Query and the Subject for each HSP as a percent identity in Column 7. The percent identity is determined by dividing the number of exact matches between the two aligned sequences in the HSP, dividing by the number of Query amino acids in the HSP and multiplying by 100. The polynucleotides of SEQ ID NO:X which encode the polypeptide sequence that generates an HSP are delineated by columns 8 and 9 of Table 2.

The PFAM database, PFAM version 2.1, (Sonnhammer, Nucl. Acids Res., 26:320-322, 1998))consists of a series of multiple sequence alignments; one alignment for each protein family. Each multiple sequence alignment is converted into a probability model called a Hidden

Markov Model, or HMM, that represents the position-specific variation among the sequences that make up the multiple sequence alignment (see, e.g., Durbin, et al., *Biological sequence analysis: probabilistic models of proteins and nucleic acids*, Cambridge University Press, 1998 for the theory of HMMs). The program HMMER version 1.8 (Sean Eddy, Washington University in Saint Louis) was used to compare the predicted protein sequence for each Query sequence (SEQ ID NO:Y in Table 1B) to each of the HMMs derived from PFAM version 2.1. A HMM derived from PFAM version 2.1 was said to be a significant match to a polypeptide of the invention if the score returned by HMMER 1.8 was greater than 0.8 times the HMMER 1.8 score obtained with the most distantly related known member of that protein family. The description of the PFAM family which shares a significant match with a polypeptide of the invention is listed in column 5 of Table 2, and the database accession number of the PFAM hit is provided in column 6. Column 7 provides the score returned by HMMER version 1.8 for the alignment. Columns 8 and 9 delineate the polynucleotides of SEQ ID NO:X which encode the polypeptide sequence which show a significant match to a PFAM protein family.

As mentioned, columns 8 and 9 in Table 2, "NT From" and "NT To", delineate the polynucleotides of "SEQ ID NO:X" that encode a polypeptide having a significant match to the PFAM/NR database as disclosed in the fifth column. In one embodiment, the invention provides a protein comprising, or alternatively consisting of, a polypeptide encoded by the polynucleotides of SEQ ID NO:X delineated in columns 8 and 9 of Table 2. Also provided are polynucleotides encoding such proteins, and the complementary strand thereto.

The nucleotide sequence SEQ ID NO:X and the translated SEQ ID NO:Y are sufficiently accurate and otherwise suitable for a variety of uses well known in the art and described further below. For instance, the nucleotide sequences of SEQ ID NO:X are useful for designing nucleic acid hybridization probes that will detect nucleic acid sequences contained in SEQ ID NO:X or the cDNA contained in ATCC Deposit No:Z. These probes will also hybridize to nucleic acid molecules in biological samples, thereby enabling immediate applications in chromosome mapping, linkage analysis, tissue identification and/or typing, and a variety of forensic and diagnostic methods of the invention. Similarly, polypeptides identified from SEQ ID NO:Y may be used to generate antibodies which bind specifically to these polypeptides, or fragments thereof, and/or to the polypeptides encoded by the cDNA clones identified in, for example, Table 1A and/or 1B.

Nevertheless, DNA sequences generated by sequencing reactions can contain sequencing errors. The errors exist as misidentified nucleotides, or as insertions or deletions of nucleotides in the generated DNA sequence. The erroneously inserted or deleted nucleotides cause frame shifts in the reading frames of the predicted amino acid sequence. In these cases, the predicted amino acid sequence diverges from the actual amino acid sequence, even though the

generated DNA sequence may be greater than 99.9% identical to the actual DNA sequence (for example, one base insertion or deletion in an open reading frame of over 1000 bases).

Accordingly, for those applications requiring precision in the nucleotide sequence or the amino acid sequence, the present invention provides not only the generated nucleotide sequence identified as SEQ ID NO:X, and a predicted translated amino acid sequence identified as SEQ ID NO:Y, but also a sample of plasmid DNA containing cDNA ATCC Deposit No:Z (e.g., as set forth in columns 2 and 3 of Table 1A and/or as set forth, for example, in Table 1B, 6, and 7). The nucleotide sequence of each deposited clone can readily be determined by sequencing the deposited clone in accordance with known methods. Further, techniques known in the art can be used to verify the nucleotide sequences of SEQ ID NO:X. The predicted amino acid sequence can then be verified from such deposits. Moreover, the amino acid sequence of the protein encoded by a particular clone can also be directly determined by peptide sequencing or by expressing the protein in a suitable host cell containing the deposited human cDNA, collecting the protein, and determining its sequence.

Table 2

cDNA Clone	Contig ID:	SEQ	Analysis	PFam/NR Description	PFam/NR Accession	Score/ Percent	NT From	NT To
<u> </u>		NO:X	Method			Identity		
H2CBU83	884134	11	WUblastx .64	(Q9NYD1) G-PROTEIN- COUPLED RECEPTOR 48.	Q9NYD1	100%	10	777
H2CBU83	745366	348	WUblastx .64	(Q9NYDI) G-PROTEIN- COUPLED RECEPTOR 48.	Q9NYD1	98% 44% 100%	291 151 10	776 204 297
HACBD91	637482	14	WUblastx .64	NADH dehydrogenase (ubiquinone) (EC 1.6.5.3) chain NDUFB4 - human	pir JE0383 JE0383	100% 95%	211	357 1368
HAGAQ26	561996	15	WUblastx .64	(Q9UKG4) NA+/SULFATE COTRANSPORTER SUT-1.	Q9UKG4	99%	414	1001
HAGBZ81	456414	16	WUblastx .64	(Q9H291) JUNCTATE.	О9Н291	85% 77%	183	329
HAGDG59	534165	17	HMMER 2.1.1	PFAM: short chain dehydrogenase	PF00106	182.2	232	795
-			WUblastx .64	(Q9UKU4) RETINAL SHORT-CHAIN DEHYDROGENASE/RE DUCTASE RETSDR2.	Q9UKU4	100%	124	1023
HAJAN23	1352364	23	WUblastx .64	(Q9HCC0) NON-BIOTIN CONTAINING	0энсс0	100%	109	1797

	617	1807	48	1956	2757	2756	859 1401 1416 1429 658 636
	294	120 557	229	1807	1495	1503	984 1454 1457 1458 726 857
	126.6	%96 %16	%69	22.9	93%	93%	71% 44% 57% 70% 56% 64%
	PF01039	бэнссо	Q9JIG5	PF00781	Q9NP48	Q9NP48	Q9NX85
SUBUNIT OF 3- METHYLCROTONYL- COA CARBOX	PFAM: Carboxyl transferase domain	(Q9HCC0) NON-BIOTIN CONTAINING SUBUNIT OF 3- METHYLCROTONYL- COA CARBOX	(Q9JIGS) UBIQUITIN SPECIFIC PROTEASE (FRAGMENT).	PFAM: Diacylglycerol kinase catalytic domain (presumed)	(Q9NP48) PUTATIVE LIPID KINASE (CDNA FLJ10842 FIS, CLONE NT2RP4001343	(Q9NP48) PUTATIVE LIPID KINASE (CDNA FLJ10842 FIS, CLONE NT2RP4001343	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.
	HMMER 2.1.1	WUblastx .64	WUblastx .64	HMMER 2.1.1	WUblastx .64	WUblastx .64	WUblastx .64
	350		24	25		351	26
	872551		638516	905695		823350	731859
	HAJAN23		HAJBR69	HAMFE15		HAMFE15	HAMGG68

HAMGB28			W C C C S	(AAHU/438) SIIIIIIIII to	AAHU/430	100%	760	C70
			.64	RIKEN cDNA				
				2610511E22 gene.				
	748223	352	WUblastx	(AAH07438) Similar to	AAH07438	100%	995	992
			.64	RIKEN cDNA		100%		267
			, · ·	2610511E22 gene.				
HAPOM49 76	769555	28	WUblastx	(Q9BZM1) GROUP XII	Q9BZM1	<b>%66</b>	251	817
			.64	SECRETED				
				PHOSPHOLIPASE A2.				
HAPOM49 72	722386	353	WUblastx	(Q9BZM1) GROUP XII	Q9BZM1	100%	251	451
			.64	SECRETED		100%	454	816
			·	PHOSPHOLIPASE A2.				
HAPPW30 13	1352278	29	WUblastx	(Q8WUJ1) Hypothetical	Q8WUJ1	100%	59	820
			.64	28.7 kDa protein.				
HAPPW30 68	684272	354	WUblastx	(O8WUJ1) Hypothetical	Q8WUJ1	100%	54	263
			64	28.7 kDa protein.	,	36%	985	1056
	_			•		100%	592	844
HATRR65 63	635514	30	WUblastx	(O96NR6) CDNA	096NR6	42%	750	908
		) )	.64	FLJ30278 fis, clone	,	64%	617	751
				BRACE2002755.				
HAUAI83 63	639009	33	WUblastx	(BAB27250) 13 days	BAB27250	%88	160	399
			.64	embryo liver cDNA,		<del> </del> %06	25	84
				RIKEN full-le		100%	489	557
HAUAI83 38	383592	355	WUblastx	(BAB27250) 13 days	BAB27250	100%	406	723
			.64	embryo liver cDNA,				
				RIKEN full-le				
HBGBA69	1352289	35	WUblastx	(Q8WVV8) Hypothetical	Q8WVV8	100%	220	843
			.64	22.4 kDa protein				
				(Fragment).				, 66
HBGBA69 70	709658	356	WUblastx	(Q8WVV8) Hypothetical	Q8WVV8	78%	158	226

780	974 744	578	589	579	800	245	907	786	798	314
211	1009	. 57	71	100	99	144	77	409	64	424 345
100%	83% 65%	81%	%08	79%	100%	30.1	%62	250.2	100%	71%
	AAK55521	Q9D6W7	Q9D6W7	Q9D6W7	pir S14350 C1HUQA	PF01391	Q9H2L7	PF00386	pir S14350 C1HUQA	Q9NS11
22.4 kDa protein (Fragment).	(AAK55521) PRO0764.	(Q9D6W7) 2310047N01RIK PROTEIN.	(Q9D6W7) 2310047N01RIK PROTEIN.	(Q9D6W7) 2310047N01RIK PROTEIN.	complement subcomponent C1q chain A precursor [validated] -	PFAM: Collagen triple helix repeat (20 copies)	(Q9H2L7) DC33.	PFAM: C1q domain	complement subcomponent C1q chain A precursor [validated] -	(Q9NS11) LIPOPOLYSACCHARID E SPECIFIC RESPONSE-
.64	WUblastx 64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	HMMER 2.1.1	WUblastx .64	HMMER 2.1.1	WUblastx .64	WUblastx .64
	36	37	357	358	38	359	1	360		40
	514418	1352386	961712	892924	1125802	899397		902207		793786
	HBIAE26	HBINS58	HBINS58	HBINS58	HBJNC59	HBJNC59		HBJNC59		HBOEG69

				68 PROTEIN		-	-	
HCACU58	625923	41	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	%69	548	820
HCE2F54	634016	42	HMMER 2.1.1	PFAM: Histone-like transcription factor (CBF/NF-Y) and archaeal histone	PF00808	19	898	1005
			WUblastx .64	(AAH07642) Unknown (protein for IMAGE:3534358) (Fra	AAH07642	82%	298	1122
HCE3G69	728432	43	WUblastx .64	(Q9H0K7) HYPOTHETICAL 12.4 KDA PROTEIN (UNKNOWN) (PROTEIN FOR MGC:303	Q9H0K7	100%	1294	1647
HCE3G69	494346	361	WUblastx .64	(Q9H0K7) HYPOTHETICAL 12.4 KDA PROTEIN (UNKNOWN) (PROTEIN FOR MGC:303	Q9H0K7	100%	1295	1648
HCE5F43	612796	44	WUblastx .64	(Q9H8M7) CDNA FLJ13397 FIS, CLONE PLACE1001351.	Q9H8M7	100%	95	53 928
HCEFB80	1143407	45	WUblastx .64	(Q96FR3) Unknown (protein for MGC:18083).	Q96FR3	100%	1785	1979
HCEFB80	1046853	362	WUblastx .64	(Q96FR3) Unknown (protein for MGC:18083).	Q96FR3	100%	1777	1971

HCEWE20	543370	47	WUblastx	WUblastx (09P1J1) PRO1546.	Q9P1J1	%92	501	551
			.64			462	109	717
HCGMD59	636078	49	WUblastx 64	catalase (EC 1.11.1.6) - Campylobacter ieiuni	pir 140767 140767	%16	296	186
2011/01/01/1	175070		VV III.1 4	(A A I 7(112) A J	A A I 76113	7000	3060	2188
HCHNF25	13522/0	20	w∪blastx	(AAL/6113) Androgen-	AAL/0113	97.66	5005	2100
			.64	induced basic leucine		64%	3371	7811
				zipper.		24%	622	425
HCHNF25	658672	363	WUblastx	(AAH00499) Jumping	AAH00499	91%	180	620
			.64	translocation breakpoint.				
HCNDR47	1016919	51	WUblastx	(BAB84904) FLJ00149	BAB84904	93%	696	1154
			.64	protein (Fragment).		45%	180	263
HCNDR47	863677	364	WUblastx	(Q24333) ELASTIN	Q24333	21%	42	197
			.64	LIKE PROTEIN		_		
				(FRAGMENT).				
HCNDR47	874128	365	WUblastx	(BAB84904) FLJ00149	BAB84904	93%	148	333
			.64	protein (Fragment).				
HCNSM70	637547	53	HMMER	PFAM: Immunoglobulin	PF00047	32	224	481
			2.1.1	domain				
			WUblastx	(O60487) EPITHELIAL	060487	%86	107	751
			.64	V-LIKE ANTIGEN			<del></del>	
				PRECURSOR				
				(EPITHELIAL V-LIKE				
				ANTIG				
HCNSM70	589445	366	WUblastx	(060487) EPITHELIAL	060487	100%	191	409
			.64	V-LIKE ANTIGEN		%66	408	908
				PRECURSOR				
				(EPITHELIAL V-LIKE				
				ANTIG				
HCUCK44	720291	54	WUblastx 64	hypothetical protein DKF7n5641157 1 -	pir T34520 T34520	97%	21	524

(Q96MM0) CDNA         Q96MM0         79%         1043         972           FLJ32172 fis, clone         FLJ22172 fis, clone         1222         1028           FLJ32172 fis, clone         FLJ22172 fis, clone         11         316           HYPOTHETICAL 79.4         FF00560         92.1         1190         1261           Repeat         (Q9H3W5)         100%         770         2893           HYPOTHETICAL 79.4         PFMM: Leucine Rich         PF00560         92.1         1190         1261           Repeat         (Q9H3W5)         100%         770         2893           HYPOTHETICAL 79.4         PFMM: Leucine Rich         PF00560         92.1         1190         1261           Repeat         (Q9H3W5)         Q9H3W5         77%         318         4           HYPOTHETICAL 79.4         PFD0560         77%         318         4           KDA PROTEIN.         Conserved hypothetical         pir[D83454]D83454         77%         318         4           HYPOTHETICAL 79.4         PE04048         43%         2724         2371           HIREAD PROTEIN         G06048) NEURONAL         G06048) NEURONAL         G06048) NEURONAL         G06048) NEURONAL         G06048         77%         277	
72 fis, clone 56000555. W5) W5) CHETICAL 79.4 ROTEIN. W5) W5) CHUCINE Rich PF00560 92.1 1190 W5) W6) W6) W6) W6) W6) W6) W6) W6) W6) W6	Jblastx
179.4         Q9H3W5         100%         11           1ch         PF00560         92.1         1190           179.4         100%         770           179.4         100%         770           179.4         1190         770           179.4         118         770           179.4         118         770           179.4         118         118           179.4         118         118           179.4         118         118           179.6         118         118           179.7         110         110           179.6         110         110           179.7         110         110           179.7         110         110           179.8         110         110           179.8         110         110           170.8         110         110           170.8         110         110           170.8         110         110           170.8         110         110           170.8         110         110           170.8         110         110           170.8         110	.64 FLJ3217
ich PF00560 92.1 1190  2.79.4 Q9H3W5 100% 770  Johnson PAO1) John Q9NX85 77% 2373  John Q9NX85 56% 2778  CTOR Q9UBJ4 99% 29  Jich PF00560 92.1 1190  John Mary Colour Mary Mary Mary Mary Mary Mary Mary Mar	Jblastx
Leucine Rich         PF00560         92.1         1190           W5)         Q9H3W5         100%         770           ROTEIN.         ROTEIN.         77%         318           red hypothetical PA1527         PA1527         318           ed] - Pseudomonas osa (strain PA01)         60448         43%         2724           ND PROTEIN         65%         2776         2373           NTP.         65%         2776           85) CDNA         69NX85         77%         538           85) CDNA         65%         277           85) CDNA         65%         710           85) CDNA         65%         2778           85) CDNA         65%         277           KS)         63%         708           KS)         63%         708           KS)         63%         277           KSOMAL         81%         277           NESIS FACTOR         81%         29           SPOSASE-LIKE         31%         29           SPOSASE-LIKE         21%         29	.64 HYPO KDA P
W5)       Q9H3W5       100%       770         ROTEIN.       ed hypothetical       pirlD83454 D83454       77%       318         PA 1527       ed hypothetical       pirlD83454 D83454       77%       318         PA 1527       ed] - Pseudomonas       43%       2724         ed] - Pseudomonas       63%       2776         sosa (strain PAO1)       060448       43%       2724         ND PROTEIN       65%       2776         NTP.       65%       2778         85) CDNA       65%       770         85) CDNA       63%       708         756       708         757       708         758       708         759       277         750       277         750       277         750       277         750       277         750       277         750       277         750       277         750       277         750       277         750       277         750       277         750       277         750       277         750       <	
tical pir D83454 D83454 77% 318   100%	2.1.1   Repeat
tical pir D83454 D83454 77% 318   PAO1) PAO1) NAL O60448 43% 2724   75% 2373   63% 2776   65% 2758   65% 2778   63% 2778	WUblastx   (Q9H3W5)
tical pir D83454 D83454 77% 318  lomonas PAO1) NAL O60448 43% 2724 75% 2373 63% 2776 65% 2778 60NE CONE CONE Q9V5Y5 CTOR Q9UBJ4 99% 29	
PAO1) NAL O60448 175% 2724 75% 2373 63% 2776 65% 2778 65% 2778 65% 770 63% 708 63% 708 CTOR CTOR UKE	Jblastx
lomonas PAO1) NAL O60448 43% 2724 75% 2373 63% 2776 65% 2778 63% 77% 538 50NE CTOR CTOR Q9V5Y5 UKE	64 protei
NAL O60448 43% 2724 IN	odui]
IN 75% 2373 6373 63% 2776 65% 2778 77% 538 77% 538 710 69Y5Y5 81% 277 CTOR Q9UBJ4 99% 29	59 WUblastx (O60
CTOR COUBJ4 99% 2776 65% 2778 65% 2778 65% 2778 63% 710 63% 708 63% 708 63% 277 65% 277 65% 277 65% 277 65% 277 65% 277 65% 29% 299% 29	.64
CTOR COUBJ4 99% 2758  65% 2758  77% 538  710  63% 710  710  63% 710  710  63% 708  710  710  710  710  710  710  710	
CTOR Q9UBJ4 29% 238  CONE 63% 710  63% 710  63% 708  708  64% 710  708  708  708  708  708  708  708	
FIS, CLONE 56% 710  5.  COMAL  CSIS FACTOR  Q9UBJ4 99% 29  COUBJ4 99% 29	60 WUblastx (Q9
5. 63% 708 OMAL SIS FACTOR Q9V5Y5 81% 277 OMAL SIS FACTOR Q9UBJ4 99% 29	
OMAL SIS FACTOR OMAL OMAL SSIS FALTOR O9UBJ4 O9UBJ4 O99% 277 297 298 298 SASE-LIKE	
OMAL SSIS FACTOR Q9UBJ4 OSASE-LIKE	Jblastx
O9UBJ4 99% 29	1.64 PERC
O9UBJ4 99% 29	BIO
SPOSASE-LIKE EIN.	63 WUblastx (Q9UBJ4)
	.64 TRANSPC

HDPBA28	1062783	64	WUblastx	(09UKY2)	Q9UKY2	%66	259	3081
			.64	ADIPOCYTE-DERIVED	,			
				LEUCINE				_
				AMINOPEPTIDASE.				
HDPBA28	866429	369	HMMER	PFAM: Peptidase family	PF01433	613.6	228	1391
			2.1.1	M1				
			WUblastx	(Q9UKY2)	Q9UKY2	%66	69	2891
			.64	ADIPOCYTE-DERIVED				
				LEUCINE				
				AMINOPEPTIDASE.				
HDPBQ71	1160316	65	WUblastx	(Q9BRE2)	Q9BRE2	100%	06	1928
,			.64	HYPOTHETICAL 68.4				
				KDA PROTEIN			-	
				(FRAGMENT).				
HDPBQ71	727200	370	WUblastx	(Q9BRE2)	Q9BRE2	%66	21	1859
			.64	HYPOTHETICAL 68.4				
				KDA PROTEIN				
				(FRAGMENT).				
HDPBQ71	290988	371	WUblastx	(Q9H2V9) CDA08.	6\000000000000000000000000000000000000	100%	1532	1999
,			.64		,	989	169	264
						44%	182	322
						21%	1456	1551
					*	93%	186	1541
HDPCL63	1019008	99	WUblastx	(Q9Y519)	Q9Y519	%66	14	835
			.64	HYPOTHETICAL 42.3			·	
				KDA PROTEIN.				
HDPCL63	847045	372	WUblastx	(Q9Y519)	Q9Y519	%16	2	730
			.64	HYPOTHETICAL 42.3				
				KDA PROTEIN.				
HDPFF39	288697	89	WUblastx	(096005) CLEFT LIP	0096005	100%	3	29

			.64	AND PALATE		100%	16	762
				TRANSMEMBRANE				
				PROTEIN 1.				
HDPGT01	771583	71	WUblastx	(Q9Y2B3) LCAT-LIKE	Q9Y2B3	100%	∞	262
			.64	PROTEIN (LLPL).		100%	264	1244
HDPJM30	879325	73	WUblastx	(094759) LONG	TRL2_HUMAN	%66	17	1633
			.64	TRANSIENT		-		
				RECEPTOR				
				POTENTIAL CHANNEL				
				2 (LTRPC				
HDPJM30	603517	374	WUblastx	(094759) LONG	TRL2_HUMAN	%68	416	1312
-	-		.64	TRANSIENT	ı	%96	378	530
				RECEPTOR		%86	_	378
				POTENTIAL CHANNEL				
				2 (LTRPC				
HDPMM88	972734	74	HMMER 2.1.1	PFAM: E1-E2 ATPase	PF00122	31	475	543
			WUblastx	(P98198) POTENTIAL	ATID HIJMAN	%89	106	7007
			.64	PHOSPHOLIPID-		32%	2917	2991
				TRANSPORTING				
				ATPASE ID (EC				
HDPMM88	906121	375	WUblastx	(Q96NQ7) CDNA	20N960	20%	356	403
			.64	FLJ30324 fis, clone		%9 <i>L</i>	3	365
				BRACE2007138, weakly				
				similar to PRO				
HDPMM88	902299	376	WUblastx	(P98199) POTENTIAL	AT1D_MOUSE	73%	2	172
			.64	PHOSPHOLIPID-		<del>.</del>		
				TRANSPORTING				
				ATPASE ID (EC				
HDPMM88	885059	377	WUblastx	(AAH07837) Unknown	AAH07837	75%	63	16

62	1	827 78	904	524	1791	1614	1800	946	958	1647	5194	1308	2175	4891	5045	4799
298	1023	654 37	524	12	28	307	40	200	197	952	2063	916	1942	4835	4983	4611
%69	%59	52% 64%	30%	%66	100%	431.1	%66	185.2	%86	99% 100%	77%	100%	%26	42%	47%	%86
	ATID_HUMAN	Q8WY51	Q9H7X1		BAB84923	PF01593	BAB84923	PF01593	BAB84923		Q9BVN4					
(protein for IMAGE:4111596) (Fra	(P98198) POTENTIAL PHOSPHOLIPID-TRANSPORTING ATPASE ID (EC	(Q8WY51) HC6.	(Q9H7X1) CDNA ET 114153 ETS CT ONE	NT2RM1000092, WEAKLY SIMILAR TO MUL	(BAB84923) FLJ00168 protein (Fragment).	PFAM: Flavin containing amine oxidase	(BAB84923) FLJ00168 protein (Fragment).	PFAM: Flavin containing amine oxidase	(BAB84923) FLJ00168	protein (Fragment).	(Q9BVN4)	HYPOTHETICAL 59.4	KDA PROTEIN.			
.64	WUblastx .64	WUblastx .64	WUblastx	† 2.	WUblastx .64	HMMER 2.1.1	WUblastx .64	HMMER 2.1.1	WUblastx	.64	WUblastx	.64				
	378	75	92		77	381		382			78					
	874074	637585	731863		1352319	815653		743479			1037893					
	HDPMM88	HDPNC61	HDPOJ08		HDPOZ56	HDPOZ56		HDPOZ56			HDPPN86					

HDPPN86	895711	383	WUblastx	(09BVN4)	09BVN4	%86	606	1817
			.64	HYPOTHÉTICAL 59.4	,			
				KDA PROTEIN.				
HDPSB18	1043263	79	WUblastx	(Q9NX17) CDNA	Q9NX17	<b>%99</b>	3407	3150
			.64	FLJ20489 FIS, CLONE		46%	2573	2478
				KAT08285.				
HDPSB18	732097	386	WUblastx	(Q9NX17) CDNA	Q9NX17	41%	863	189
			.64	FLJ20489 FIS, CLONE		%99	813	256
				KA108285.		-		,
HDPSH53	1309174	80	WUblastx	(Q9EPY0) CASPASE	Q9EPY0	26%	262	456
		·	.64	RECRUITMENT		%88	1023	1184
				DOMAIN PROTEIN 9.				
HDPSH53	1040056	387	WUblastx	(O9H257) CASPASE	Q9H257	100%	1131	1184
			.64	RECRUITMENT		95%	301	423
				DOMAIN PROTEIN 9.		25%	1518	1610
						100%	1010	1129
HDPSH53	882768	388	WUblastx	(AAH08877) Caspase	AAH08877	%86	316	480
	,		.64	recruitment domain				
				protein 9.				
HDPSP01	1352280	81	WUblastx	(Q9BR97) UNKNOWN	Q9BR97	93%	1671	1718
			.64	(PROTEIN FOR		94%	184	1674
				MGC:10763).		41%	2196	2276
HDPSP01	689129	389	WUblastx	(Q9BR97) UNKNOWN	Q9BR97	%06	227	1114
			.64	(PROTEIN FOR		%86	1078	1668
				MGC:10763).		100%	1664	1744
HDPSP54	744440	82	WUblastx	(BAB85063) CDNA	BAB85063	%66	2	307
			.64	FLJ23790 fis, clone				
				HEP21466.				
HDPTD15	692917	83	WUblastx 6.4	(Q9BU29) UNKNOWN	Q9BU29	97%	937	833
			.0.	(FROILEIN FOR				

	1005	40 1440	45 2450	35 661 119 714	27 155 :05 2487	3 743	921	643 1419 268 447	183 1382	187 1386
	844			9	2	. 0				
	38.9	100%	%66	%89 %16	%66 %89	93%	%16	29%	100%	%66
	PF00047	Q9Y286	AAH25255	AAH25255	Q9H747	pir T43490 T43490	pir T43490 T43490	093251	Q9BTV4	Q9BTV4
IMAGE:3954899)	PFAM: Immunoglobulin domain	(Q9Y286) QA79 MEMBRANE PROTEIN, ALLELIC VARIANT AIRM-1B PRECURSOR.	(AAH25255) Similar to hypothetical protein FLJ21347	(AAH25255) Similar to hypothetical protein FLJ21347	(Q9H747) CDNA: FLJ21347 FIS, CLONE COL02724.	hypothetical protein DKFZp434A139.1 - human (fragments)	hypothetical protein DKFZp434A139.1 - human (fragments)	•	(Q9BTV4) UNKNOWN (PROTEIN FOR MGC:3222).	(Q9BTV4) UNKNOWN
	HMMER 2.1.1	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx
	84		85	391	392	98	393	395	87	396
	812737		992925	887914	905983	879048	904768	895715	972757	906342
	HDPUW68		HDPWN93	HDPWN93	HDPWN93	HDPXY01	HDPXY01	HDPXY01	HDTBD53	HDTBD53

				MGC:3223				
HDTBV77	785879	88	WUblastx .64	(Q9BT94) UNKNOWN (PROTEIN FOR MGC:10848).	Q9BT94	%69	2131	2137
ното023	1306984	68	WUblastx .64	calcium-binding protein (clone pMP41) - mouse (fragment)	pir S04970 S04970	100%	1611	1709
ното023	879009	397	WUblastx .64	calcium-binding protein (clone pMP41) - mouse (fragment)	pir S04970 S04970	100%	1623	1721
нртр023	751707	398	WUblastx .64	calcium-binding protein (clone pMP41) - mouse (fragment)	pir S04970 S04970	100%	1623	1721
HE2DE47	619852	06	WUblastx .64	(Q9NZN8) NOT2P (CCR4-NOT TRANSCRIPTION COMPLEX, SUBUNIT 2).	8NZN6O	%66	808	2427
HE2NV57	740750	92	WUblastx .64	(Q9UGV6) BK445C9.3 (HIGH-MOBILITY GROUP (NONHISTONE CHROMOSOMAL) PROT	9ADD6O	31%	321	866 106
нЕ2РН36	570903	93	WUblastx .64	(AAH07609) Similar to hypothetical protein PRO1722.	AAH07609	%89 %96	1359 1524 1484	1285 1492 1353
HE8DS15	847060	94	WUblastx .64	(Q9WVT0) SEVEN TRANSMEMBRANE RECEPTOR.	Q9WVT0	80% 24% 87%	1 48 269	270 146 985
HE9DG49	1299935	96	WUblastx	(Q9NYL4) FK506	Q9NYL4	100%	70	672

	211 492	70 672	-71 -352	578 679 78 674	51 467	360 638	213 653	29 361	1715     1653       1648     1559       1881     1705	1036     1293       592     639       635     937	18
	91 21					39.7			52% 1715 53% 1648 67% 1881		
		100%		100%	100%	5€	100%	100%	52 53	100% 100% 99%	70001
	PF00254	Q9NYL4	PF00254	Q9NYL4	AAH00573	PF00031	Q9H4G1	Q9H1M5	Q9N083	<u> </u>	2110200
BINDING PROTEIN PRECURSOR.	PFAM: FKBP-type peptidyl-prolyl cis-trans isomerases	(Q9NYL4) FK506 BINDING PROTEIN PRECURSOR.	PFAM: FKBP-type peptidyl-prolyl cis-trans isomerases	(Q9NYL4) FK506 BINDING PROTEIN PRECURSOR.	(AAH00573) HSPC163 protein.	PFAM: Cystatin domain	(Q9H4G1) BA218C14.1 (NOVEL CYSTATIN FAMILY MEMBER).	(Q9H1MS) BA530N10.1 (NOVEL PROTEIN).	(Q9N083) UNNAMED PORTEIN PRODUCT.	(Q9BQM3) DJ842G6.1.1 (NOVEL PROTEIN) (FRAGMENT).	COOL CITATION
.64	HMMER 2.1.1	WUblastx .64	HMMER 2.1.1	WUblastx .64	WUblastx .64	HMMER 2.1.1	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	11 11 11
	400		401		86	66	,	100	101	102	103
	658678		382000		701802	777843		532596	847372	603533	00000
	HE9DG49		HE9DG49		HEBEJ18	HEEAQ11		НЕСАН43	НЕГНD85	неомоез	77 7 4 4411

	253 797	944	425	1042	1102	204	657	410	307	229 524
	53 237	513 9	601	365	35	4	895	249	369	23
	%88 88%	%89 %89	47%	130.8	%56	94%	100%	%26	47% 75%	100%
	бабаба ба	будия бай	Q9HBN2	PF01762	Q9C0J1	Q9NYC6	075525	pir 178556 178556	AAK55521	О9Н8РО
	(Q9QZE9) ТМ6Р1.	(Q9QZH5) PUTATIVE PHOSPHATE/PHOSPHO ENOLPYRUVATE TRANSLOCATOR.	(Q9HBN2) HYPOTHETICAL 15.8 KDA PROTEIN.	PFAM: Galactosyltransferase	(Q9C0JI) BETA-1,3-N-ACETYLGLUCOSAMIN YLTRANSFERASE BGN-T4.	(Q9NYC6) NEURONAL SPECIFIC TRANSCRIPTION FACTOR DAT1.	(075525) T-STAR.	membrane glycoprotein M6 - mouse	(AAK55521) PRO0764.	(Q9H8P0) CDNA FLJ13352 FIS, CLONE OVARC1002165, WEAKLY SIMILAR TO
.64	WUblastx .64	WUblastx .64	WUblastx .64	HMMER 2.1.1	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64
	105	106	107	109		110	112	113	114	115
	847073	566712	534142	579993		411345	560639	513669	532060	545012
	HFABG18	<b>Н</b> FABH95	HFAEF57	<b>Н</b> FCСQ50		нгсев37	HFFAL36	HFGAD82	HFIUR10	HFTBM50

				3-0				
HFVAB79	1300736	117	WUblastx .64	(Q9BX93) GROUP XIII SECRETED	Q9BX93	100%	133	714
				PHOSPHOLIPASE A2.				
HFVAB79	565076	403	WUblastx	(Q9BX93) GROUP XIII	69BX93	100%	139	720
			.64	SECRETED PHOSPHOLIPASE A2				
HFXJX44	701988	121	WUblastx	(09N083) UNNAMED	O9N083	57%	1378	1082
			.64	PORTEIN PRODUCT.				
HFXKJ03	505207	122	WUblastx	(O62658) LINE-1	062658	34%	492	292
			.64	ELEMENT ORF2.		36%	920	525
HFXKT05	069859	123	WUblastx	(Q9H5H7) CDNA:	2Н5Н6О	81%	5	1015
_			.64	FLJ23425 FIS, CLONE			_	
				HEP22862.				
HGBHI35	570262	124	HMMER	PFAM: Enoyl-CoA	PF00378	184.6	213	722
			2.1.1	hydratase/isomerase				
				family				
			WUblastx	(AAH25104) Similar to	AAH25104	%16	225	396
-			.64	RIKEN cDNA				
				1300017C12 gene.				
HGBIB74	837220	125	WUblastx	hypothetical protein	pir T28058 T28058	20%	1387	1494
-			.64	ZK858.6 - Caenorhabditis		21%	2	439
				elegans		%59	482	730
						62%	723	1403
HGBIB74	838602	405	WUblastx	(Q9V3N6)	9NEV69	%59	736	1257
			.64	BG:DS00797.1		85%	537	740
				PROTEIN.		81%	1251	1505
						27%	223	537
						27%	19	474
HGBIB74	899864	406	WUblastx	(9NEV9Q)	9N£\\ 60	71%	12	950

	1230	898	298	998	867	998	867	998	867	998	867	998	867	998	867	998	867	998	298	998	298	998	298	998	298	998	198	998
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	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Q96ВН1	04I GZ9																									-	
BG:DS00797.1 PROTEIN.	(Q96BH1) Ring finger protein 25	(Ool G79) GENOMIC	DNA CHROMOSOME	3. BAC CLONE:F1D9.																								
.64	WUblastx 64	WITH last	w Colasia 64	5											-													
	130	121	101																									
	877639	021220	000170																						-			
	ннерм33	HIEDVES	TIPLE 133																									

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198	998	298	998	298	998	867	998	198	998	298	998	298	998	867	998	867	998	298	998	198	998	298	998	867	998	867	998	198	998	867
745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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998	198	998	198	998	298	998	198	998	298	998	298	998	298	998	867	998	298	998	298	998	198	998	998	998	298	998	867	998	198	866
744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	745	744	744	744	745	744	745	744	745	744
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
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100% 100% 100% 100% 100% 100% 100% 100%	·····	744	745	745	2	<del></del>			
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998	867	998	867	998	867	998	298	998	867	867	867	998	867	998	867	998	867	867	867	998	998	998	867	.998	867	1301		807	1298
744	745	744	745	744	745	744	745	744	745	745	745	744	745	744	745	744	745	745	745	744	744	744	745	744	724	132		628	819
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	95%	%68	100%		36.3	%86
																										Q96AP7		PF00047	Q96AP7
																										(Q96AP7) Hypothetical	41.2 KDa protein.	PFAM: Immunoglobulin domain	(Q96AP7) Hypothetical
																										WUblastx	+0.	HMMER 2.1.1	WUblastx
																										132		407	
																										865581		691402	
																										HHFGR93		HHFGR93	

828	114	536			114	236			1535		1706			926	928		613		196	928		619		984	933	754	1530	1323
130	7	378			7	378			510		183			191	338		542		191	338		248		739	691	197	1435	1243
%66	94%	%86			94%	%86			148.9		%66			74%	30%		122		74%	30%		77		71%	31%	74%	100%	%96
	Q96FV2			9.50	Q96FV2				PF01546		Q96KN2			О9НВМ1			PF00560		Q9НВW1			PF00560		Q9HBW1			Q9CWZ1	
41.2 kDa protein.	(Q96FV2) Unknown	(protein for	IMAGE:3945715)	(Fragment).	(Q96FV2) Unknown	(protein for	IMAGE:3945715)	(Fragment).	PFAM: Peptidase family	M20/M25/M40	(Q96KN2) Glutamate	carboxypeptidase-like	protein 2.	(Q9HBW1) Brain tumor	associated protein	NAG14.	PFAM: Leucine Rich	Repeat	(Q9HBW1) Brain tumor	associated protein	NAG14.	PFAM: Leucine Rich	Repeat	(Q9HBW1) Brain tumor	associated protein	NAG14.	(Q9CWZ1)	2400006A19RIK PROTEIN.
.64	WUblastx	.64			WUblastx	.64			HMMER	2.1.1	WUblastx	<b>2</b> 6.		WUblastx	.64		HMMER	2.1.1	WUblastx	.64		HMMER	2.1.1	WUblastx	.64		WUblastx	.64
	134			00,	408				137					138			406					410					140	
	662329				383547				695134					1299927			753270					696095					636025	
	HHGCM76				HHGCM76				HHPEN62					HHPGO40			HHPGO40			-		HHPGO40					HILCF66	

100% 66 66 100% 47 47 80% 291
2 2
96% 2
96% 2
96% 2
%96
%08
%08
%96
%08
%08
80%
%08
%08
pir T08758 T08758 100% 1
`
Q9CS66 83% 3
Q9H5F8 98% 8

				HSI14935				
HJPCP42	852573	415	WUblastx .64	(Q9VL06) CG5604 PROTEIN.	90TA6Ò	54%	19	315
HJPCP42	824612	416	WUblastx .64	cut1 protein - fission yeast (Schizosaccharomyces pombe)	pir A35694 A35694	42%	7	201
HKABZ65	862030	150	WUblastx .64	(Q96LB9) Peptidoglycan recognition protein-I-alpha precursor.	бегвэ	99%	137	802 541
HKABZ65	665424	417	WUblastx .64	(Q96LB9) Peptidoglycan recognition protein-I-alpha precursor.	68796О	99%	69	794 533
HKACB56	554616	151	HMMER 2.1.1	PFAM: Kazal-type serine protease inhibitor domain	PF00050	76.3	114	266
			WUblastx .64	(P01001) ACROSIN INHIBITORS IIA AND IIB (BUSI-II).	IAC2_BOVIN	82%	96	266
HKACD58	1352202	152	WUblastx .64	(Q96BH2) Hypothetical 34.4 kDa protein.	Q96ВН2	86% 28% 100%	786 46 125	1199
HKACD58	552465	418	WUblastx .64	(Q96BH2) Hypothetical 34.4 kDa protein.	О96ВН2	86% 28% 88%	795 43 122	1208 183 724
HKAEV06	1352263	154	WUblastx .64	(Q9NVA4) CDNA FLJ10846 FIS, CLONE NT2RP4001373.	Q9NVA4	%66	501	1814
HKAEV06	638238	419	WUblastx .64	(Q9NVA4) CDNA FLJ10846 FIS, CLONE NT2RP4001373.	Q9NVA4	96% 100% 96%	367 197 480	459 367 1541
HKAFT66	946512	155	WUblastx	(Q9CPS2)	Q9CPS2 -	72%	29	-61

231	878	19	231	828	555	314		843		879				167	1410	1410		305	106	129	673	1366	905			949	/13	
61	7/7	29	61	274	298	12		178		_				78		40		132	11	82	999	293	135			704	135	
64%	84%	72%	64%	83%	%08	84%		320.5		%66				%06	,000	39%		45%	%65	20%	37%	37%	35%			38%	3.7%	
		Q9CPS2			Q9CPS2			PF00919		Q9BWZ5				Q9BVG6	10071111007111	pir 110084 110084		pir T16084 T16084	-				pir T16084 T16084			pir T16084 T16084		
4933428103RIK	PROTEIN.	(Q9CPS2)	4933428I03RIK	PROTEIN.	(Q9CPS2)	4933428103RIK	PROTEIN.	PFAM: Uncharacterized	protein family UPF0004	(Q9BWZ5) DJ1187J4.4	(CGI-05 PROTEIN	(LOC51654) SIMILAR	TO RAT CDK5 AC	(Q9BVG6) SIMILAR TO	COL-03 I NOTEIN:	hypothetical protein	F10π11.1 - Caenorhabditis elegans	hypothetical protein	F16H11.1 -	Caenorhabditis elegans			hypothetical protein	F16H11.1 -	Caenorhabditis elegans	hypothetical protein	F16H11.1 -	Caenorhabditis elegans
.64		WUblastx	.64		WUblastx	.64		HMMER	2.1.1	WUblastx	.64			WUblastx	10.	W Ublastx	ţ.	WUblastx	.64			·	WUblastx	.64		WUblastx	.64	
		420			421			156						422		/21		423					424			425		
		889258			904790			876571						654871	100000	1327780		701893					513190			383426		
		HKAFT66			HKAFT66			HKB1E57						HKB1E57	200000111	HKFBC53		HKFBC53					HKFBC53			HKFBC53		

832	830	582 1013	1256	966	562 462	586	609	1662	757	1051	397
53	99 55	262	1107	532 954	332	8	31	1784	867	212	332
%66	82% 49%	28%	98%	26%	71%	49%	49%	73%	83%	%86	45%
Q9UHG2	Q9UHG2	Q8WWW1			Q9P059	Q8VD01	Q8VD01	Q8WY51	09н3С0	Q9NR71	О9ЛНЕЗ
(Q9UHG2) PROSAAS PRECURSOR (GRANIN- LIKE NEUROENDOCRINE PEPTIDE PRECUR	(Q9UHG2) PROSAAS PRECURSOR (GRANIN- LIKE NEUROENDOCRINE PEPTIDE PRECUR	(Q8WWW1) Smoothelin-B3.			(Q9P059) HSPC323 (FRAGMENT)	(Q8VD01) Hypothetical 61.8 kDa protein.	(Q8VD01) Hypothetical 61.8 kDa protein.	(Q8WY51) HC6.	(Q9H3C0) РRO0898.	(Q9NR71) MITOCHONDRIAL CERAMIDASE.	(Q9JHE3) NERUTAL
WUblastx .64	WUblastx .64	WUblastx .64			WUblastx 64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx
158	426	159			160	161	427	163	164	165	429
877489	704088	625956			514788	1037919	880047	581399	527402	836041	600362
HKGDL36	HKGDL36	HKISB57			HKMLM11	HKMLP68	HKMLP68	HKMMW74	HKMND01	HLDBE54	HLDBE54

	.64 CER	CERAMIDASE		72%	130	306
	田田	(NEUTRAL CERAMIDASE).		78%	375	1028
430 HMMER P 2.1.1	FΑ	PFAM: Renal dipeptidase	PF01244	466.8	352	1410
	[ <u>6</u> ]	(Q9H4A9) PUTATIVE DIPEPTIDASE.	О9Н4А9	100%	133	1590
	<u> </u>	(Q9H387) PRO2550.	О9Н387	%09 %9 <i>L</i>	1764	1681
168 WUblastx (Q	I& %	(Q9BXJ8) TRANSMEMBRANE	Q9BXJ8	100%	28	423
TT	$3 \leqslant 9$	TOTOLEIN INDOCED BY TUMOR NECROSIS FACTOR ALPHA				
169 WUblastx (Q	I₹.S	(Q9NQW2) PROGRESSIVE	Q9NQW2	100%	41	382
	žΩ	ANKYLOSIS-LIKE PROTEIN.				
	7.	(075477) KE04P.	075477	100%	105	1142
	96) Sidi	(Q96NZ9) Proline-rich acidic protein.	6ZN96Ò	100%	24	476
	<u> </u>	(Q96NZ9) Proline-rich acidic protein.	6ZN96D	100%	164	616
172 WUblastx (Q	16.77	(Q9H743) CDNA: FLJ21394 FIS, CLONE	Q9H743	38%	340	278 489
	5I					
174   WUblastx   (Q .64   6/P	る 写	(Q9WVC2) LY- 6/NEUROTOXIN	Q9WVC2	81%	224	571
H	5	HOMOLOG (ADULT				

	636	616		490	151	229		740		-172			9//		096	123				1768	969	855	517	322
	571	99		173	35	2		579		40			123		226	85	-	-		683	295	781	440	35
	95%	93%		32%	22.3	93%		%08		143.1			%66		94%	100%				%66	%66	40%	45%	95%
	Q96N65			AAL78047	PF01569	Q9D4F2		9НО96О		PF00076			9НО96О		Q9NY26					978Н6О				
MALE HIPPOCAMPUS CDNA, RIKEN	(Q96N65) CDNA	FLJ31349 fts, clone MESAN2000092,	moderately similar to	(AAL78047) Envelope protein.	PFAM: PAP2 superfamily	(Q9D4F2)	4932443D16RIK PROTEIN	(Q96DH6) Hypothetical	35.2 kDa protein.	PFAM: RNA recognition	motif. (a.k.a. RRM, RBD,	or RNP domain)	(Q96DH6) Hypothetical	35.2 kDa protein.	(Q9NY26) IRT1	PROTEIN (SIMILAR TO	ZINC/IRON	REGULATED	TRANSPORTER-LIK	(Q9H8L6) CDNA	FLJ13465 FIS, CLONE	PLACE1003493,	WEAKLY SIMILAR TO	END
	WUblastx	<b>4</b> 0.			HMMER 2.1.1	WUblastx	.64	WUblastx	.64	HMMER	2.1.1		WUblastx	.64	WUblastx	.64				WUblastx	-64			
	176			178	179			180		433					181					182				
	791828	<b>-</b>		543017	699812			1087335		1047690					629552					588485				
	НГІСО90			HLTEJ06	HLTHR66			HLTIP94		HLTIP94					HLWAA17					HLWAA88				

1567 1629 1487 1573 51 1493	29 745	403 789	28 861	449 1147	139 420	1003 1263	14 40	19 495	396 596					594 722	6 1127
93% 93%	%66	44.4	%66	78%	28%	%16	100%	83%	30%	41%	28%	79%	28%	%69	76%
Q9H8L6	Q9GZP9	PF00386	Q9BXI9	Q9NRG9										Q96MM0	AAH06651
(Q9H8L6) CDNA FLJ13465 FIS, CLONE PLACE1003493, WEAKLY SIMILAR TO END	(Q9GZP9) F-LAN-1 (HYPOTHETICAL TRANSMEMBRANE PROTEIN SBBI53).	PFAM: C1q domain	(Q9BXI9) COMPLEMENT-C1Q TUMOR NECROSIS FACTOR-RELATED PROTEIN.	(Q9NRG9) GL003	(ADRACALIN) (AAAS	PROTEIN)	(UNKNOWN)	(PROTEIN FOR MGC:						(Q96MM0) CDNA FLJ32172 fis, clone PLACE6000555	(AAH06651) Similar to hypothetical protein
WUblastx .64	WUblastx .64	HMMER 2.1.1	WUblastx .64	WUblastx	.64									WUblastx .64	WUblastx .64
434	183	184		185										186	187
769166	653513	783071		587270										1045194	609262
HLWAA88	HLWAD77	HLWAE11		HLWAO22										HLWBH18	HLWBY76

FLJ23153
hypothetical protein
DKFZp761P2414.1 -
(AAH07725) Ceroid-
lipofuscinosis, neuronal 8 (epile
(AAL84703) Citrate lyase beta subunit.
(AAL84703) Citrate lyase
(Q8WZ81) Chromosome
/ open reading frame 26
hypothetical protein
DKFZp434N0615.1
human (fragment)
(Q9Y639) STROMAL
CELL-DERIVED RECEPTOR-1 ALPHA
(Q9H651) CDNA:
FLJ22604 FIS, CLONE
HSI04630 (BBP-LIKE PROTEIN 2).
(Q9H743) CDNA:

1110	1494	1107	350	39	1019	805	525	-		350		544	381	489	1225	1346	1053	845			101	101	17/	221	405	844
931	1186	928	421	161	1075	1041	40			781		464	340	367	1341	1414	1244	69			09	107	2	183	229	338
9999	64%	%95	%05	47%	21%	39%	%66	-		83%		64%	78%	%62	%99	%09	26%	%68			730/	%00	0///	100%	72%	100%
	Q9H743		pir E41925 E41925		Q14713		09GZW0			095662		Q9H8K5		:	Q9H743			бар			77±000	(7)D10/		Q9BT67		
FLJ21394 FIS, CLONE COL03536.	(Q9H743) CDNA:	FLJ21394 FIS, CLONE COL03536.	hypothetical protein 3 -	human	(Q14713) POT. ORF V.		(Q9GZW0) DJ604K5.1	(15 KDA	SELENOPROTEIN).	(095662) POT. ORF VI	(FRAGMENT).	(Q9H8K5) CDNA	FLJ13501 FIS, CLONE	PLACE1004815.	(Q9H743) CDNA:	FLJ21394 FIS, CLONE	COL03536.	(Q9EQH8) NEDD4 WW	DOMAIN-BINDING	PROTEIN 5	(FKAGMENI).	(Q9D10/) UINNINO WIN	(I NO I EM I ON MGC:10924).	(Q9BT67) UNKNOWN	(PROTEIN FOR	MGC:10924).
.64	WUblastx	.64	WUblastx	.64	WUblastx	.64	WUblastx	.64		WUblastx	.64	WUblastx	.64		WUblastx	.64		WUblastx	.64		11/1 11-10-4	w Oblastx	<b>.</b>	WUblastx	.64	
	438		439		200		201			203		441			204			205			747	7++		443		
	895429		904241		560229		383470			1157691		1028961			799540			872208			201107	70567/		778820		
	HMSDL37		HMSDL37		HMSFI26		HMSGT42			HMSHS36		HMSHS36			HMSKC04			HMUAP70			020 4117 411	DIMOAF /0		HMUAP70		

HMUAP70	674913	444	WUblastx	(O9BT67) UNKNOWN	Q9BT67	%86	700	379
			.64			94%	109	216
				MGC:10924).		82%	62	112
HMUAP70	646810	445	WUblastx	(09BT67) UNKNOWN	Q9BT67	73%	09	104
			.64	(PROTEIN FOR		<b>%96</b>	107	583
				MGC:10924).				
HMUAP70	381964	446	WUblastx	(Q9BT67) UNKNOWN	Q9BT67	       	09	104
			.64	(PROTEIN FOR		%66	106	720
				MGC:10924).				
HMVBS81	639203	206	WUblastx	(095070) 54TMP.	095070	100%	10	450
	-		.64					
HMWFT65	562063	208	WUblastx	(Q96AZ2) Similar to	Q96AZ2	%29	1342	1205
			.64	hypothetical protein FLJ21463.				
HMWGY65	1308287	209	WUblastx	(Q8VCP9) RIKEN cDNA	Q8VCP9	%99	42	1442
			.64	1200003C23 gene.				
HMWGY65	794987	447	WUblastx	(O8VCP9) RIKEN cDNA	Q8VCP9	28%	542	1438
			.64	1200003C23 gene.		65%	42	969
HNFEB45	1036397	211	WUblastx	hypothetical protein 3 -	pir E41925 E41925	<b>78%</b>	861	626
	· · · ·		.64	human		39%	523	717
			-			44%	548	862
HNFFC43	753337	213	WUblastx	(0969J4) Lipocalin-1	096914	%16	319	453
) ;			.64	interacting membrane		%99	428	692
				recentor (Lipocalin-		87%	651	839
				interac		%66	903	1517
HNFIV77	634551	214	WUblastx	(O8WXE6) KCCR13L.	Q8WXE6	%96	998	1030
		! !	.64			%66	105	998
HNFJF07	577013	215	WUblastx	(Q8WYX2) Hypothetical	Q8WYX2	%59	585	457
			.64			,000	15	700
HNGAK47	561488	216	WUblastx	(Q96EF8) Unknown	Q96EF8	33%	12	706

			.64	(protein for MGC:21495).		31%	12	206
						20%	492	617
						34%	492	557
						25%	486	695
						39%	190	2
						29%	537	487
HNGEP09	499076	219	WUblastx	(AAK55521) PRO0764.	AAK55521	21%	596	861
						53%	1021	776
						20%	867	715
HNGIJ31	519120	221	WUblastx	(Q9N083) UNNAMED	Q9N083	73%	995	610
			.64	PORTEIN PRODUCT.		54%	615	725
						%99	454	561
HNGJE50	561568	222	WUblastx	(Q9HBS7)	Q9HBS7	64%	1028	945
			.64	HYPOTHETICAL 14.2		62%	919	734
				KDA PROTEIN.				
HNG0112	1041375	225	WUblastx	collagen alpha 1(VIII)	pir A34246 A34246	31%	1067	2002
			.64	chain precursor - rabbit				
HNGOM56	836064	226	WUblastx	(Q96MM0) CDNA	0ММ96Д	38%	577	744
			.64	FLJ32172 fis, clone		28%	714	953
				PLACE6000555.			·	
HNHEU93	634851	525	WUblastx .64	(Q9H387) PRO2550.	О9Н387	%19	741	418
HNHFM14	664507	230	WUblastx	(Q9N8S9) POSSIBLE	6S8N6Ò	74%	9	122
			.64	(HHV-6) U1102,		45%	17	223
				VARIANT A DNA,		63%	11	124
				COMPLETE VIRION		19%	6	110
				GENOM		%9 <i>L</i>	6	122
HNHF029	463568	231	WUblastx	(Q9NX85) CDNA	Q9NX85	%69	522	969
			.64	FLJ20378 FIS, CLONE				
				KAIAU336.				

1674 1553	552 921 713 894 498 625 917 792 791 595 552 839	987 1201 150 992 544 1206 154	378 1187 138 500 500
1543 1398	334 646 645 645 844 331 353 721 721 781 558 401 283 379	145 1091 7 7 516 149 1096 11 824	283 133 1077 1 243 13
79%	76% 56% 52% 73% 70% 70% 50% 31% 50%	99% 29% 95% 97% 29% 70%	92% 84% 29% 97% 33%
Q9P195	060448	Q96F65 Q96F65 Q96F65	Q96AA3
(Q9P195) PRO1722.	(060448) NEURONAL THREAD PROTEIN AD7C-NTP.	(Q96F65) Similar to RIKEN cDNA 0610031J06 gene (Fragment). (Q96F65) Similar to RIKEN cDNA 0610031J06 gene (Fragment).	RIKEN cDNA 0610031J06 gene (Fragment). (Q96AA3) Putative endoplasmic reticulum
WUblastx .64	WUblastx .64	WUblastx .64 WUblastx .64 WUblastx	.64 WUblastx .64
232	233	235 453 454	236
895462	843488	1310821 796807 590738	545534
HNHNB29	HNHOD46	HNTBI26 HNTBI26 HNTBI26	HNTBL27

711	261	1037		1316		218	!	495	377	1001	1701			278		100	/81			001	1500		C18		1499
949	13	282		111		63		370	12	1110	-			370	276		104	_			43		788		42
40%	%96	137.5		100%		23.2		%56	100%	1000/	100%			36%	24%		100%	_			85%		189.8		85%
		PF00001		Q9H1Y3		PF00001		Q9H1Y3		7.00	Q9HISS			pir S23650 S23650			Q9Y2Y6	-			MTN3_HUMAN		PF00092		MTN3 HUMAN
multispan transmembrane	prote	PFAM: 7 transmembrane	receptor (rhodopsin family)	(Q9H1Y3) DJ317G22.2	(ENCEPHALOPSIN) (PANOPSIN).	PFAM: 7 transmembrane	receptor (rhodopsin family)	(Q9H1Y3) DJ317G22.2	(ENCEPHALOPSIN)	(FAINOFSIIN).	(Q9H1S5) BA110H4.2 (SIMILAR TO	MEMBRANE	PROTEIN).	retrovirus-related	hypothetical protein II -	human I	(Q9Y2Y6) TADA1	PROTEIN	(DKFZP564K1964	PROTEIN).	(015232) MATRILIN-3	PRECURSOR.	PFAM: von Willebrand	factor type A domain	(015232) MATRILIN-3
		+	2.1.1	WUblastx	.64	HMMER	2.1.1	WUblastx	.64		WUblastx 64			WUblastx	.64		WUblastx	.64			WUblastx	.64	HMMER	2.1.1	WUblastx
		237				455					240			242			243				244		458		
		1160395				853373					422913			834907			634994			_	1184465		919896		
		HNTCE26				HNTCE26					HODDN92			HODGE68			HOEDB32				НОҒМQ33		HOFMQ33		

	737	857	877	911	1303	1212	7161		361		757		1232		1232		311	110	918	341	
	318	72	1584	937	290	03	60		83		1494		336		129		193	137	316	18	
	162.2	81%	81%	%88	619	0.70	0%/8		9%59		%88		496.2		%66		27.2	C:77	87%	%02	
	PF00092	MTN3_HUMAN	MTN3_HUMAN	Q8WUF2	PF00026	CHILITIZA FEBRUARY	pir[A25771 KHHUD		pir A25771 KHHUD		pir A25771 KHHUD		PE00026		pir A25771 KHHUD		0110	Pr00112	BAB22302		
PRECURSOR.	PFAM: von Willebrand	(O15232) MATRILIN-3	(015232) MATRILIN-3	(Q8WUF2) Hypothetical	PFAM: Eukaryotic	aspartyl protease	cathepsin D (EC 3.4.23.5) precursor [validated] -	human	cathepsin D (EC 3.4.23.5)	human	cathepsin D (EC 3.4.23.5)	precursor [validated] -	DEAM: Entraryotic	aspartyl protease	cathepsin D (EC 3.4.23.5)	precursor [validated] -	human	PFAM: Papain family cysteine protease	(BAB22302) Adult male	kidney cDNA, RIKEN	full-lengt
.64			WUblastx		HMMER				WUblastx 64	?	WUblastx	.64	LINANGED	2.1.1	WUblastx	.64		HMMER	WUblastx	.64	
	459		460	461	245				462		463		171	† 0 †				247			
	906694		902639	702186	911180				905365		892308		100000	167760				931871			
	НОҒМQ33		НОҒМQ33	НОҒМQ33	HOFMT75				HOFMT75		HOFMT75		SETTA RITORY	HOFIMIA				HOFOC73			

878863         467         (cathepsin Z).         BAB55004         100%         2291           878863         467         WUblastx         (BAB55004) CDNA         BAB55004         100%         2291           64         FL14357 fis, clone         HEMBA100005,h         35           827481         248         WUblastx         (Q8WUD4) Similar to G8WUD4         100%         35           827481         249         WUblastx         (O95965) TEN         095965         100%         221           REPEAT DOMAINS         REPEAT DOMAINS         REPEAT DOMAINS         31%         416           R15682         468         WUblastx         (O95965) TEN         095965         100%         324           R15682         468         WUblastx         (O95865) TEN         095965         100%         324           R15682         468         WUblastx         (CAC37794) H-J(3)mbt-         CAC37794         100%         324           R85338         469         WUblastx         (CAC37794) H-J(3)mbt-         CAC37794         40%         40%           R857453         470         HAMMER         PFAM: SET domain         PFO028         96%         416           R854234         252         WUblastx	HOFOC73	907073	465	WUblastx	(CAC09370) DJ543J19.3	CAC09370	%9L	64	414
1         878863         467         WUblastx         (BAB55004) CDNA         BAB55004         100%         2291           2         579891         248         WUblastx         (G8WUDA) Similar to (Q8WUDA)         (Q8WUDA)         100%         35           5         827481         249         WUblastx         (G8WUDA) Similar to (Q8WUDA)         100%         221           5         827481         249         WUblastx         (G8WDDA) Similar to (Q8WUDA)         100%         221           5         827481         249         WUblastx         (G8WDDA) Similar to (Q8WUDA)         100%         221           5         815682         468         WUblastx         (G8PCTINE)         A16         A16           5         815682         468         WUblastx         (GA-27794) H-(3)mbt- (AC37794)         100%         324           6         1352356         250         WUblastx         (GA-27794) H-(3)mbt- (AC37794)         100%         324           858338         469         WUblastx         (GA-27794) H-(3)mbt- (AC37794)         A26         A46           854234         450         WUblastx         (G96028) WHSC1         O96028         96%         41           64         HAMMER         PRO				.64	(cathepsin Z).		84%	411	920
72         579891         248         WUblastx (Q8WUD4) Similar to G8WUD4         100%         35           8         827481         248         WUblastx (Q8WUD4) Similar to G8WUD4         088WUD4         100%         35           8         827481         249         WUblastx (O95965) TEN         095965         100%         221           8         815682         468         WUblastx (O95965) TEN         095965         100%         416           8         815682         468         WUblastx (O95965) TEN         095965         100%         221           8         815682         468         WUblastx (O95965) TEN         095965         100%         324           8         1352356         250         WUblastx (O96902)         CAC37794         100%         324           858338         469         WUblastx (O9602)         Q9BQI2         56%         406           858338         469         WUblastx (O96028) WHSC1         O96028         96%         41           857453         470         HMMER         PRAM: SET domain         PF00856         211.5         100           854234         252         WUblastx (O96028) WHSC1         O96028         Q9BQPQ         49%         468	HOFOC73	878863	467	WUblastx	(BAB55004) CDNA	BAB55004	100%	2291	819
22         579891         248         WUblastx (Q8WUD4) Similar to G8WUD4         Q8WUD4         Similar to G8WUD4         35           5         64         RIKEN cDNA         095965         100%         221           5         815682         468         WUblastx (O95965) TEN         095965         100%         1623           6         MUD1         REPEAT DOMAINS PROTEIN PRECURSOR.         095965         100%         1623           815682         468         WUblastx (O95965) TEN         O95965         100%         324           1352356         250         WUblastx (O95967) HA         CAC37794 H-I(3)mbt- CAC37794         CAC37794 H-I(3)mbt- CAC37794         56%         406           858338         469         WUblastx (O9BQ12)         Q9BQ12         56%         406           858453         470         HMMER PAM: SET domain         PFO0856         21.5         100           854234         252         WUblastx (O96028) WHSC1         O96028         98%         468           854234         253         WUblastx (O98028) WHSC1         O96028         PROTEIN.         21.1           864         PROTEIN.         PROTEIN.         PROTEIN.         89%         468           864         PROTEIN.				.64	FLJ14357 fis, clone HEMBA1000005. h				<del>-</del>
5         RİKEN cDNA         A         RİKEN cDNA         A         A         A         A         A         A         A         A         A         A         A         A         B	HOGAW62	579891	248	WUblastx	(Q8WUD4) Similar to	08WUD4	100%	35	130
5         827481         249         WUblastx (095965) TEN         695965         100%         221           5         815682         468         WUblastx (095965) TEN         095965         100%         1623           5         815682         468         WUblastx (095965) TEN         095965         100%         1623           64         RPEAT DOMAINS         PROTEIN PRECURSOR.         40%         326           1352356         250         WUblastx (C0527794) H-I(3)mbt- CAC37794         100%         324           1352356         250         WUblastx (Q9BQI2)         64         HYPOTHETICAL 69.3         698012         56%         40           858338         469         WUblastx (Q9BQI2)         Q9BQ12         56%         41           A         A         IND PROTEIN.         PROTEIN.         96%         41           B         A         WUblastx (O96028) WHSCI         096028         98%         61           B         A         PROTEIN.         PROTEIN.         A99%         2           B         64         PROTEIN.         PROTEIN.         468           B         64         PROTEIN.         996028         468           B         64				.64	RIKEN cDNA	,			
5         827481         249         WUblastx         (095965) TEN         095965         100%         221           5         64         INTEGRIN EGF-LIKE         REPEAT DOMAINS         100%         1623           5         815682         468         WUblastx         (095965) TEN         095965         100%         1623           6         MUblastx         (095965) TEN         CAC37794         100%         324         416           1352356         250         WUblastx         (CAC37794) H-I(3)mbt-         CAC37794         40%         324           858338         469         WUblastx         (Q9BQI2)         Q9BQI2         96%         41           100         64         HYPOTHETICAL 69.3         PROTEIN         PFO0856         211.5         100           100         12.1.1         CO96028) WHSC1         O96028         98%         61           100         64         PROTEIN.         PROTEIN.         PROTEIN.         49%         2           100         64         BROTEIN.         PROTEIN.         PROTEIN.         27.1         49%         -733         -733         -733         -733         -733         -733         -733         -733         -733					2700094L05 gene.				
Section	HOHCH55	827481	249	WUblastx	(095965) TEN	596560	100%	221	1702
5         REPEAT DOMAINS PROTEIN PRECURSOR.         REPEAT DOMAINS           5         815682         468         WUblastx (095965) TEN         095965         100%         1623           5         64         INTEGRIN EGF-LIKE REPEAT DOMAINS         A0%         31%         416           1352356         250         WUblastx (CAC37794) H-I(3)mbt- 64         CAC37794         L00%         324           2         64         Iike protein.         Q9BQI2         56%         406           2         WUblastx (Q9BQI2)         CAC37794         L00%         324           4         Iike protein.         Q9BQI2         56%         406           5         WUblastx (Q9BQI2)         CAC37794         100%         41           6         HYPOTHETICAL 69.3         KDA PROTEIN.         PROTEIN.         PROTEIN.         100           854234         252         WUblastx (Q9BQ28) WHSC1         Q9E028         98%         61           64         1810018L0SRIK         PROTEIN.         A64         1810018L0SRIK         143           854234         252         WUblastx (Q9BQ28)         Q9D8Y9         Q9D8Y9         61           8         64         1810018L0SRIK         PROTEIN.         A64 </td <td></td> <td></td> <td></td> <td>.64</td> <td>INTEGRIN EGF-LIKE</td> <td></td> <td></td> <td></td> <td></td>				.64	INTEGRIN EGF-LIKE				
5         815682         468         WUblastx         CO95965) TEN         O95965         100%         1623           1352356         350         WUblastx         CO45965) TEN         CAC37794         100%         230           1352356         250         WUblastx         CCAC37794) H-I(3)mbt-         CAC37794         100%         324           858338         469         WUblastx         (QABQ12)         Q9BQ12         56%         406           1352356         250         WUblastx         (QBQ012)         Q9BQ12         56%         406           1352356         354         HYPOTHETICAL 69.3         Q9BQ12         56%         406           1352356         34         HYPOTHETICAL 69.3         A11         100         100           2         857453         470         HMMER         FAM: SET domain         PF00856         211.5         100           2.1.1         WUblastx         (Q9D028) WHSC1         Q96028         98%         61           854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         86%         143           8         64         1810018LOSTIK         PROTEIN         64         PROTEIN         21.11         697.3					REPEAT DOMAINS				
5         815682         468         WUblastx         (095965) TEN         095965         100%         1623           64         INTEGRIN EGF-LIKE         858336         100%         1623         31%         416         416         416         416         416         416         416         416         324         416         324         324         324         406         324         406         324         406         406         406         406         406         406         406         411					PROTEIN PRECURSOR.				
1352356   250   WUblastx   CAC37794) H-I(3)mbt	HOHCH55	815682	468	WUblastx	(095965) TEN	095965	100%	1623	1712
1352356   250   WUblastx   CAC37794   H-l(3)mbt-   CAC37794   100%   324   1052356   250   WUblastx   CAC37794   H-l(3)mbt-   CAC37794   100%   324   324   324   324   324   324   324   324   324   324   324   324   324   324   324   324				.64	INTEGRIN EGF-LIKE		31%	416	1576
1352356         250         WUblastx         (CAC37794) H-I(3)mbt-         CAC37794         H-I(3)mbt-         CAC37794         40%         326           858338         469         WUblastx         (Q9BQI2)         Q9BQI2         56%         406           2         857453         470         HMMER         FFAM: SET domain         PF00828         98%         61           854234         252         WUblastx         (Q9D0879)         Q9D8Y9         Q9D8Y9         85%         468           8 84234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         86%         143           8 614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -733					REPEAT DOMAINS		%66	230	1621
1352356         250         WUblastx         (CAC37794) H-I(3)mbt-         CAC37794         CAC37794         H-I(3)mbt-         CAC37794         100%         324           858338         469         WUblastx         (Q9BQI2)         Q9BQI2         406         406           2         857453         470         HMMER         PFAM: SET domain         PF00856         211.5         100           854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         85%         468           8 614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -733					PROTEIN PRECURSOR.		40%	326	1426
858338         469         WUblastx         (Q9BQ12)         Q9BQ12         56%         406           2         857453         470         HMMER         PFAM: SET domain         PF00856         211.5         100           2         857453         470         HMMER         PFAM: SET domain         PF00856         211.5         100           4         2.1.1         WUblastx         (O96028) WHSC1         O96028         98%         61         1           854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         85%         468         143           864         1810018L05RIK         PROTEIN.         PROTEIN.         86%         143           854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         86%         143           86         614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -1	HOQBJ82	1352356	250	WUblastx	(CAC37794) H-I(3)mbt-	CAC37794	100%	324	2414
858338         469         WUblastx         (Q9BQ12)         Q9BQ12         56%         406         41           2         64         HYPOTHETICAL 69.3         PFO0856         211.5         100           2         2.1.1         PFAM: SET domain         PF00856         211.5         100           3         2.1.1         WUblastx         (O96028) WHSC1         O96028         98%         61           4         64         PROTEIN.         Q9D8Y9         85%         468         143           8         614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -1           8         21.1         21.1         PROTEIN.         -733         -733         -1				.64	like protein.				
2         857453         470         HMMER         PFAM: SET domain         PF00856         211.5         100           2         857453         470         HMMER         PFAM: SET domain         PF00856         211.5         100           WUblastx         (O96028) WHSC1         O96028         49%         61         1           854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         85%         468           64         1810018L05RIK         PROTEIN.         86%         143           8         614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -1	HOQBJ82	858338	469	WUblastx	(Q9BQI2)	Q9BQ12	%95	406	585
2         857453         470         HMMER         PFAM: SET domain         PF00856         211.5         100           2         2.1.1         WUblastx         (O96028) WHSC1         O96028         98%         61         1           854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         85%         468           8         64         1810018L05R1K         86%         143           PROTEIN.         PROTEIN.         86%         143           2         404040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -1				.64	HYPOTHETICAL 69.3		<b>%96</b>	41	496
2         857453         470         HMMER         PFAM: SET domain         PF00856         211.5         100           8         2.1.1         WUblastx         (O96028) WHSC1         O96028         98%         61         1           854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         85%         468           8         614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -1					KDA PROTEIN.				
854234         252         WUblastx (Q9D8Y9)         Q9D8Y9         85%         468           854234         252         WUblastx (Q9D8Y9)         Q9D8Y9         86%         143           8         614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -11	HOQBJ82	857453	470	HMMER 2.1.1	PFAM: SET domain	PF00856	211.5	100	489
854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         85%         468           8         .64         1810018L05RIK         86%         143           8         614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733         -1				WUblastx	(096028) WHSC1	870960	%86	19	1029
854234         252         WUblastx         (Q9D8Y9)         Q9D8Y9         85%         468           .64         1810018L05RIK         86%         143           PROTEIN.         PROTEIN.         697.3         -733           8         614040         253         HMMER         PFAM: ATP-sulfurylase         PF01747         697.3         -733				.64			49%	2	166
143   1810018L05RIK   1810018L05RIK   143   143   144040   253   HMMER   PFAM: ATP-sulfurylase   PF01747   697.3   -733   14	HOSDJ25	854234	252	WUblastx	_	6A8Q6D	85%	468	593
614040 253 HMMER PFAM: ATP-sulfurylase PF01747 697.3 -733				.64			%98	143	544
	HOSFD58	614040	253	HMMER	PFAM: ATP-sulfurylase	PF01747	697.3	-733	-1719
				2.1.1					

56 1927		56 1927	498 806		57 257		128 757		127 402		401 508	1138 848			617 934	633 890	24 122	570 872	1317 1415	155 256	154 234		41 256	
%		%(	48%		%16		93%		88%		97%	74% 11			49% 6	33% 6	51%	35% 5		51%	59%	52%		•
100%		100%			16		66		88	95	97	74			46	33	51	35	33	51	59	52	34	_
pir JW0087 JW0087		pir JW0087 JW0087	Q96NR6		AAH07349		68CQS3		09CQS3	,		Q9NX17			060448									
3'-phosphoadenosine-5'-	phosphosulfate synthetase - human	3'-phosphoadenosine-5'- phosphosulfate synthetase	- numan (Q96NR6) CDNA FLJ30278 fis, clone	BRACE2002755.	(AAH07349) Adrenal	gland protein AD-004.	(690083)	1110018M03RIK PROTEIN.	(09CQS3)	1110018M03RIK	PROTEIN.	(Q9NX17) CDNA	FLJ20489 FIS, CLONE	KAT08285.	(060448) NEURONAL	THREAD PROTEIN	AD7C-NTP.							
WUblastx	.64	WUblastx .64	WUblastx .64		WUblastx	.64	WUblastx	.64	WUblastx	.64		WUblastx	.64		WUblastx	.64								
		472	255		256		257		474			258			259									
		383513	520202		535710		1310868		590741			1042309	<del>-</del>		669589									
		HOSFD58	HPEAD79		HPFCL43		HPIBO15		HPIBO15			HPICB53			HPJBI33									

942	999	099	1312	1017	336	957	1254	284
988	163	157	62	70 490	124	157	94	8
47%	100%	100%	%66	83%	%56	336.4	%66	%86
	Q9NP77	Q9NP77	pir T08724 T08724	AAH08720	Q91XD7	PF00481	Q9НАҮ8	Q9НАҮ8
	(Q9NP77) CDNA FLJ10947 FIS, CLONE PLACE1000066, WEAKLY SIMILAR TO SSU	(Q9NP77) CDNA FLJ10947 FIS, CLONE PLACE1000066, WEAKLY SIMILAR TO SSU	hypothetical protein DKFZp566D213.1 - human	(AAH08720) Unknown (protein for MGC:8447).	(Q91XD7) Unknown (protein for MGC:18896).	PFAM: Protein phosphatase 2C	(Q9HAY8) SER/THR PROTEIN PHOSPHATASE TYPE 2C BETA 2 ISOFORM (PROTEIN	(Q9HAY8) SER/THR PROTEIN PHOSPHATASE TYPE 2C BETA 2 ISOFORM (PROTEIN
	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	HMMER 2.1.1	WUblastx .64	WUblastx .64
	261	479	263	480	481	264		482
	846357	639118	1352342	844216	484735	829136		720095
	HPMDK28	HPMDK28	HPRAL78	HPRAL78	HPRAL78	HPRBC80		HPRBC80

HPZAB47	585702	766	WUblastx	hypothetical protein 3 -	pir E41925 E41925	34%	1132	884
				human	-	55%	1296	1183
HRAAB15	658717	267	WUblastx	(AAH25678) Similar to	AAH25678	100%	111	511
			.64	putative.				
HRABA80	882176	268	WUblastx	(Q9HA75) CDNA	Q9HA75	63%	647	629
			.64	FLJ12122 FIS, CLONE		48%	144	371
				MAMMA1000129.		93%	247	507
HRABA80	588460	483	WUblastx	(Q9HA75) CDNA	Q9HA75	63%	633	999
			.64	FLJ12122 FIS, CLONE		48%	130	357
				MAMMA1000129.		95%	233	493
HRACD15	871221	269	WUblastx	(AAH08084)	AAH08084	%86	1452	253
			.64	Hypothetical 50.4 kDa				
				protein.				
HRACD15	706332	484	WUblastx	(AAH08084)	AAH08084	82%	1649	1581
			.64	Hypothetical 50.4 kDa		%86	1596	253
				protein.				
HRACJ35	999228	270	WUblastx	(Q9Y5X6) BLOOD	9X5Y6Q	<b> </b> %86	1468	1755
			.64	PLASMA GLUTAMATE		%66	132	1472
				CARBOXYPEPTIDASE				
				PRECURSOR (EC 3.4.17				
HRACJ35	730504	485	WUblastx	(Q9Y5X6) BLOOD	9X5X6Q	%86	1435	1722
			.64	PLASMA GLUTAMATE		%66	66	1439
		<u>-</u>		CARBOXYPEPTIDASE PRECITSOR (EC 3.4.17				
HRACJ35	470546	486	WUblastx	(Q9Y646)	Q9Y646	%96	507	785
			.64	AMINOPEPTIDASE.		100%	1	519
HRDFD27	567004	271	WUblastx	(Q9N032) UNNAMED	Q9N032	47%	629	476
			+0.	FRUIEIN FRUDUCI.				
HRGBL78	910133	272	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	32	282	755
			7:1:5					

1085	596 588 625	35	698 341 496	786	1146	762	1056	576 748	707	403
6	15 547 587	118	489	7	7	10	7	418	678	23
87%	94% 100% 100%	%96	95% 29% 98%	%88	%96	%66	%56	%99 48%	%9 <i>L</i>	%26
08 WXH3	Q8WXH3	Q9EPP8	Q8WXH3	Q96A82	Q96ES0	Q96ES0	Q96ES0	Q9H728	Q9UI58	Q9CZR4
WUblastx (Q8WXH3) FREB.	(Q8WXH3) FREB.	(Q9EPP8) VIRION- ASSOCIATED NUCLEAR-SHUTTLING PROTEIN (FRAGMENT).	(Q8WXH3) FREB.	(Q96A82) CDNA FLJ30106 fis, clone BNGH41000190, weakly similar to Rat	(Q96ES0) Unknown (protein for MGC:16944).	(Q96ES0) Unknown (protein for MGC:16944).	(Q96ES0) Unknown (protein for MGC:16944).	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	(Q9UIS8) PRO0483 PROTEIN.	(Q9CZR4) 2700018N07RIK
WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64	WUblastx .64
	487	488	489	273	274	490	491	275	276	277
	904040	904621	863802	567005	1181699	1114849	1027712	827306	531973	545459
	HRGBL78	HRGBL78	HRGBL78	HROAJ03	HROAJ39	HROAJ39	HROAJ39	HROBD68	HSATR82	HSAVH65

				PROTEIN.				
HSAWD74	460527	278	WUblastx .64	(Q9NX85) CDNA FLJ20378 FIS, CLONE KAIA0536.	Q9NX85	67%	196	674
HSAWZ41	580872	279	WUblastx .64	(Q9H387) PRO2550.	Q9H387	81%	1386	1102
HSAXA83	545051	280	WUblastx .64	(Q9NRX6) PROTEIN X 013.	Q9NRX6	100%	92	313
HSAYB43	604143	281	WUblastx .64	(Q9N083) UNNAMED PORTEIN PRODUCT.	Q9N083	60% 50%	1662	1573
HSDEK49	1352253	282	WUblastx .64	(Q9Y279) Z39IG PROTEIN PRECURSOR.	Q9Y279	100%	09	1256
HSDEK49	625998	493	HMMER 2.1.1	PFAM: Immunoglobulin domain	PF00047	18.7	225	470
			WUblastx .64	(Q9Y279) Z39IG PROTEIN PRECURSOR.	Q9Y279	%66 %88	444	1040 542
HSDFJ26	834619	283	WUblastx .64	(Q9BYJ0) KSP37.	Q9BYJ0	%66	66	792
HSDFJ26	836071	494	WUblastx .64	(Q9BYJ0) KSP37.	Q9BYJ0	100%	99 238	281
HSDSE75	545057	286	WUblastx .64	(060245) PCDH7 (BH- PCDH)A.	060245	100%	10	702
HSDZR57	651375	287	WUblastx .64	(Q9NX00) CDNA FLJ20512 FIS, CLONE KAT09739.	00XN6O	100%	6	209
HSIDJ81	589447	288	WUblastx .64	(Q9H728) CDNA: FLJ21463 FIS, CLONE COL04765.	О9H728	74%	1289	966
HSKDA27	1352409	289	WUblastx .64	(BAB85613) URB.	BAB85613	83%	786	3635

1789		8   1792			0291 6	7 1671	6 1126	6 1311		3 579		4 2161	8 2155		7 611	6 171	3 454	1 2170	
1601	1715	1718	12,	1716		1597	146	436	825	623	730	344	338	589	327	356	383	371	
%09	%09	52%	73%	32%	%69	32%	%89	%99	%69	53%	%65	100%	100%	73%	77%	%58	6.79	%96	
BAB85613					BAB85613		Q9CZY7	Q9CZY7	O9P195	27117		Q96F18	Q96F18	Q95LL0		pir T42734 T42734	PF00560	Q96CX1	
(BAB85613) URB.	,				(BAB85613) URB.	`	(Q9CZY7) 2610307008RIK PROTEIN.	(Q9CZY7) 2610307O08RIK PROTFIN	(OQD105) PRO1777	(5) 1001 (5)		(Q96FI8) Unknown (protein for MGC:9160).	(Q96F18) Unknown (protein for MGC:9160).	(Q95LL0) Hypothetical	11.3 kDa protein.	cytoplasmic linker protein CLIP-115 - rat	PFAM: Leucine Rich Repeat	(Q96CX1) Similar to RIKEN cDNA	2610528G05 gene (Fragment).
WUblastx	.64				WUblastx		WUblastx .64	WUblastx .64	WI Iblacty	# Outable 64		WUblastx .64	WUblastx .64	WUblastx	.64	WUblastx .64	HMMER 2.1.1	WUblastx .64	
496					497		290	498	207	7(7		297	501	299		300	301		
1074734					872570		676075	409905	767307	/ C / OF		1352343	845666	413246		898965	847358		
HSKDA27					HSKDA27		HSKGN81	HSKGN81	USN A D 72	7/AVNOII		HSSGD52	HSSGD52	HSUBW09		HSVBU91	HSYAV50		

00000	101001	200	11/1 11/1 12/2	(000000)	71700	78%	319	1161
HIAEE28	1018291	202	W UDIASIX	(214045)	711-77	2		
			.64	4932408F18RIK PROTEIN.				
HTAEE28	882919	502	WUblastx	(Q9D4I2)	Q9D412	78%	372	617
			.64	4932408F18KIK PROTEIN.				
HTAEE28	864120	503	WUblastx	(Q9D4I2)	Q9D4I2	%9L	142	168
			.64	4932408F18RIK				
				PROTEIN.	2700047	201	008	706
HTEEB42	206980	304	HMMER	PFAM: Immunoglobulin	PF00047	48.5	000	90/
			2.1.1	domain				0.0
			WUblastx	(AAG49022) Junctional	AAG49022	%66	- 26	952
			.64	adhesion molecule 2.				
HTELP17	836072	308	WUblastx	(AAH24188) Similar to	AAH24188	100%	22	465
			.64	RIKEN cDNA				
				4930453N24 gene.				
HTELS08	847090	309	WUblastx	(Q9J183) EPCS26	Q9JI83	34%	33	395
			.64	(PLAC1) (PLACENTAL				
				SPECIFIC PROTEIN 1).				
HTEPG70	834931	310	WUblastx 64	(O75295) R27328_2.	075295	93%	23	268
HTGEP89	410582	311	WUblastx	(Q9DAL9)	Q9DAL9	44%	258	999
			.64	1700007K09RIK				
				PROTEIN.				
HTHBG43	919911	312	WUblastx	(Q9NX17) CDNA	Q9NX17	. 52%	846	517
			.64	FLJ20489 FIS, CLONE				
				KAT08285.				
HTHDS25	772559	313	WUblastx	(Q9P1H3) PRO1438.	Q9P1H3	%99	1045	911
			.64	- 1.		,0,0	- 55	007
HTLEP53	634852	314	WUblastx	(Q8WTZ3) Hypothetical	Q8WTZ3	%99	543	499

			.64	27.2 kDa protein.		%89	908	534
HTLGE31	1035130	315	WUblastx .64	1	Q9NY64	81%	3	149
HTLHY14	838460	316	WUblastx .64	100	О96L02	99%	36 528	434
HTLIV19	1046341	317	WUblastx .64	(Q96LS9) CDNA FLJ25101 fis, clone CBR01328.	6ST96O	%69 %05	119	172 315
HTOIZ02	847904	208	WUblastx .64	ataxin 7 - human	pir T09193 T09193	99% 31%	714 437	1196
						41% 28% 97%	203 224 2	718 736
HTOJK60	545067	322	WUblastx .64	(Q9HA67) CDNA FLJ12155 FIS, CLONE MAMMA1000472.	Q9НА67	73%	745	644
HTPCS72	854941	323	WUblastx .64	(095880) UNKNOWN.	095880	100%	2191	2577
HTPCS72	566683	209		(095880) UNKNOWN.	095880	100%	356	742
НТРІН83	916616	324	HMMER 2.1.1	PFAM: PMP-22/EMP/MP20/Claudin family	PF00822	81.5	127	099
			WUblastx .64	(P57739) CLAUDIN-2.	CLD2_HUMAN	100%	118	807
HTPIH83	895024	510	HMMER 2.1.1	PFAM: PMP- 22/EMP/MP20/Claudin family	PF00822	55.9	120	200
			WUblastx .64	(P57739) CLAUDIN-2.	CLD2_HUMAN	%86	111	530

6 353	714	2 875						4 192	5   1990		3 299	8   94	995 0	4 1760	7 1498	4 1397	6 738		4   569	2 479
96	932	792			379		179		305	30	213	89	470	564	1397	1194	286		144	462
%96	%05	100%	27%	35%	37%	<u> </u>	%02	%9L	%86	100%	100%	100%	100%	%66	28%	64%	100%		94%	100%
CLD2_HUMAN	000172	Q9BTF2							Q96KR5				Q9BRH0	u., a	Q96NR6		6ZN96D		62N96D	6ZN96Ò
(P57739) CLAUDIN-2.	(O00172) LINE-1 REVERSE TRANSCRIPTASE (FRAGMENT).	(Q9BTF2) REC8P, A	RECOMBINATION	AND SISTER	CHROMATID	COHESION			(Q96KR5)	Leishmanolysin-like	peptidase, variant 2 (EC	3.4.24.36).	(Q9BRH0) SIMILAR TO	DKFZP727C091 PROTEIN.	(Q96NR6) CDNA	FLJ30278 fis, clone BRACE2002755.	(Q96NZ9) Proline-rich	acidic protein.	(Q96NZ9) Proline-rich acidic protein.	(Q96NZ9) Proline-rich
WUblastx .64	WUblastx .64	WUblastx 64	<u>.</u>						WUblastx	.64			WUblastx	.64	WUblastx	.64	WUblastx	.64	WUblastx .64	WUblastx
511	327	328							330				331		332		335		516	517
880868	1008159	714344							620001	-			603918		838288		1352424		1300737	603538
HTPIH83	HTTBS64	HTWDF76							HTXFL30				HTXJM03		HTXON32		HUKAH51		HUKAH51	HUKAH51

1352367	336	WUblastx .64	(Q9Y3II) F-BOX ONLY PROTEIN 7.	FBX7_HUMAN	100%	280	1845
883176	518	WUblastx	(AAH08361) F-box only	AAH08361	%66	281	1069
		.64	protein 7.	•	45%	1566	1622
					100%	1067	1666
655372	615	WUblastx	(AAH08361) F-box only	AAH08361	%LL	-	459
		.64	protein 7.		79%	43	219
					100%	317	200
838626	338	HMMER	PFAM: Sodium/calcium	PF01699	62.8	346	453
		WUblastx	(09HC58)	O9HC58	65%	229	813
		49.	SODIUM/CALCIUM				
			EXCHANGER NCKX3.				
833089	520	HMMER	PFAM: Sodium/calcium	PF01699	37.8	346	453
		2.1.1	exchanger protein				
		WUblastx	(Q9HC58)	Q9HC58	%8 <i>L</i>	229	453
	_	.64	SODIUM/CALCIUM		25%	429	969
			EXCHANGER NCKX3.		72%	533	814
793875	521	HMMER	PFAM: Sodium/calcium	PF01699	113.7	336	773
		2.1.1	exchanger protein				
		WUblastx	(Q9HC58)	Q9HC58	%9 <i>L</i>	219	908
		.64	SODIUM/CALCIUM				
			EXCHANGER NCKX3.				
768334	339	WUblastx	(Q96AW1) Hypothetical	Q96AW1	100%	165	999
		.64	19.2 kDa protein.				
1093347	341	WUblastx	(BAB55294) CDNA	BAB55294	100%	37	597
		.64	FLJ14777 fis, clone				
			NT2RP4000259, w				
886210	522	HMMER	PFAM: Glutathione	PF00255	170.2	104	433
		2.1.1	peroxidases		3		

			WUblastx	(BAB55294) CDNA	BAB55294	100%	35	595
			.64	FLJ14777 fis, clone				
				NT2RP4000259, w				
HWBFX31	799427	342	WUblastx	(Q9N083) UNNAMED	Q9N083	26%	1663	1517
			.64	PORTEIN PRODUCT.				
HWDAH38	1028519	343	WUblastx	(Q9NX85) CDNA	Q9NX85	71%	943	1119
			.64	FLJ20378 FIS, CLONE		%69	1113	1250
				KAIA0536.		48%	1600	1340
HWDAH38	889281	523	WUblastx	(Q64150) NUCLEAR	Q64150	%09	795	673
			.64	LOCALIZATION				
				SIGNAL BINDING				
				PROTEIN.				
HWHGZ51	886212	344	WUblastx	(Q9UJ74)	Q9UJ74	100%	33	1070
			.64	HYPOTHETICAL 36.0				
				KDA PROTEIN (C4.4A				
				PROTEIN).				
HWLIH65	793713	345	HMMER	PFAM: Integral	PF01940	49.3	147	455
			2.1.1	membrane protein				
			WUblastx	(AAH08596) Unknown	AAH08596	<b>%86</b>	81	623
			.64	(protein for MGC:16985).				
HTEAM34	898364	346	WUblastx	(Q96L11) Similar to	Q96L11	100%	136	501
			.64	RIKEN cDNA				
				1700034O15 gene.				
HTEAM34	570049	524	WUblastx	(Q96L11) Similar to	Q96L11	100%	63	428
			.64	RIKEN cDNA				
				1700034O15 gene.				
HTEJN13	1352272	347	WUblastx	(Q9BWY1) BA552M11.5	Q9BWY1	100%	158	193
			.64	(NOVEL PROTEIN)		100%	351	179
				(FRAGMENT).				
HTEJN13	658744	525	WUblastx	(Q9DAR9)	Q9DAR9	%09	525	743

			.64	1700001D09RIK		17%	163	516
				PROTEIN.				
HTEJN13	381941	526	WUblastx	(Q9HBK8) AD026.	Q9HBK8	92%	191	229
			.64		,	94%	214	633

## RACE Protocol For Recovery of Full-Length Genes

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Partial cDNA clones can be made full-length by utilizing the rapid amplification of cDNA ends (RACE) procedure described in Frohman, M.A., et al., Proc. Nat'l. Acad. Sci. USA, 85:8998-9002 (1988). A cDNA clone missing either the 5' or 3' end can be reconstructed to include the absent base pairs extending to the translational start or stop codon, respectively. In some cases, cDNAs are missing the start codon of translation, therefor. The following briefly describes a modification of this original 5' RACE procedure. Poly A+ or total RNA is reverse transcribed with Superscript II (Gibco/BRL) and an antisense or complementary primer specific to the cDNA sequence. The primer is removed from the reaction with a Microcon Concentrator The first-strand cDNA is then tailed with dATP and terminal deoxynucleotide transferase (Gibco/BRL). Thus, an anchor sequence is produced which is needed for PCR amplification. The second strand is synthesized from the dA-tail in PCR buffer, Taq DNA polymerase (Perkin-Elmer Cetus), an oligo-dT primer containing three adjacent restriction sites (XhoI, SalI and ClaI) at the 5' end and a primer containing just these restriction sites. This doublestranded cDNA is PCR amplified for 40 cycles with the same primers as well as a nested cDNAspecific antisense primer. The PCR products are size-separated on an ethidium bromide-agarose gel and the region of gel containing cDNA products the predicted size of missing protein-coding DNA is removed. cDNA is purified from the agarose with the Magic PCR Prep kit (Promega), restriction digested with XhoI or SalI, and ligated to a plasmid such as pBluescript SKII (Stratagene) at XhoI and EcoRV sites. This DNA is transformed into bacteria and the plasmid clones sequenced to identify the correct protein-coding inserts. Correct 5' ends are confirmed by comparing this sequence with the putatively identified homologue and overlap with the partial cDNA clone. Similar methods known in the art and/or commercial kits are used to amplify and recover 3' ends.

Several quality-controlled kits are commercially available for purchase. Similar reagents and methods to those above are supplied in kit form from Gibco/BRL for both 5' and 3' RACE for recovery of full length genes. A second kit is available from Clontech which is a modification of a related technique, SLIC (single-stranded ligation to single-stranded cDNA), developed by Dumas et al., Nucleic Acids Res., 19:5227-32 (1991). The major differences in procedure are that the RNA is alkaline hydrolyzed after reverse transcription and RNA ligase is used to join a restriction site-containing anchor primer to the first-strand cDNA. This obviates the necessity for the dA-tailing reaction which results in a polyT stretch that is difficult to sequence past.

An alternative to generating 5' or 3' cDNA from RNA is to use cDNA library doublestranded DNA. An asymmetric PCR-amplified antisense cDNA strand is synthesized with an antisense cDNA-specific primer and a plasmid-anchored primer. These primers are removed and a symmetric PCR reaction is performed with a nested cDNA-specific antisense primer and the plasmid-anchored primer.

## RNA Ligase Protocol For Generating The 5' or 3' End Sequences To Obtain Full Length Genes

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Once a gene of interest is identified, several methods are available for the identification of the 5' or 3' portions of the gene which may not be present in the original cDNA plasmid. These methods include, but are not limited to, filter probing, clone enrichment using specific probes and protocols similar and identical to 5' and 3' RACE. While the full length gene may be present in the library and can be identified by probing, a useful method for generating the 5' or 3' end is to use the existing sequence information from the original cDNA to generate the missing information. A method similar to 5' RACE is available for generating the missing 5' end of a desired full-length gene. (This method was published by Fromont-Racine et al., Nucleic Acids Res., 21(7):1683-1684 (1993)). Briefly, a specific RNA oligonucleotide is ligated to the 5' ends of a population of RNA presumably containing full-length gene RNA transcript and a primer set containing a primer specific to the ligated RNA oligonucleotide and a primer specific to a known sequence of the gene of interest, is used to PCR amplify the 5' portion of the desired full length gene which may then be sequenced and used to generate the full length gene. This method starts with total RNA isolated from the desired source, poly A RNA may be used but is not a prerequisite for this procedure. The RNA preparation may then be treated with phosphatase if necessary to eliminate 5' phosphate groups on degraded or damaged RNA which may interfere with the later RNA ligase step. The phosphatase if used is then inactivated and the RNA is treated with tobacco acid pyrophosphatase in order to remove the cap structure present at the 5' ends of messenger RNAs. This reaction leaves a 5' phosphate group at the 5' end of the cap cleaved RNA which can then be ligated to an RNA oligonucleotide using T4 RNA ligase. This modified RNA preparation can then be used as a template for first strand cDNA synthesis using a gene specific oligonucleotide. The first strand synthesis reaction can then be used as a template for PCR amplification of the desired 5' end using a primer specific to the ligated RNA oligonucleotide and a primer specific to the known sequence of the gene of interest. The resultant product is then sequenced and analyzed to confirm that the 5' end sequence belongs to the relevant gene.

The present invention also relates to vectors or plasmids which include such DNA sequences, as well as the use of the DNA sequences. The material deposited with the ATCC (e.g., as described in columns 2 and 3 of Table 1A, and/or as set forth in Table 1B, Table 6, or Table 7) is a mixture of cDNA clones derived from a variety of human tissue and cloned in either a plasmid vector or a phage vector, as described, for example, in Table 1A and Table 7. These deposits are referred to as "the deposits" herein. The tissues from which some of the clones were derived are listed in Table 7, and the vector in which the corresponding cDNA is contained is also indicated in Table 7. The deposited material includes cDNA clones corresponding to SEQ ID NO:X described,

for example, in Table 1A and/or Table 1B (ATCC Deposit No:Z). A clone which is isolatable from the ATCC Deposits by use of a sequence listed as SEQ ID NO:X, may include the entire coding region of a human gene or in other cases such clone may include a substantial portion of the coding region of a human gene. Furthermore, although the sequence listing may in some instances list only a portion of the DNA sequence in a clone included in the ATCC Deposits, it is well within the ability of one skilled in the art to sequence the DNA included in a clone contained in the ATCC Deposits by use of a sequence (or portion thereof) described in, for example Tables 1A and/or Table 1B or Table 2, by procedures hereinafter further described, and others apparent to those skilled in the art.

Also provided in Table 1A and Table 7 is the name of the vector which contains the cDNA clone. Each vector is routinely used in the art. The following additional information is provided for convenience.

Vectors Lambda Zap (U.S. Patent Nos. 5,128,256 and 5,286,636), Uni-Zap XR (U.S. Patent Nos. 5,128, 256 and 5,286,636), Zap Express (U.S. Patent Nos. 5,128,256 and 5,286,636), pBluescript (pBS) (Short, J. M. et al., *Nucleic Acids Res. 16:*7583-7600 (1988); Alting-Mees, M. A. and Short, J. M., *Nucleic Acids Res. 17:*9494 (1989)) and pBK (Alting-Mees, M. A. et al., *Strategies 5:*58-61 (1992)) are commercially available from Stratagene Cloning Systems, Inc., 11011 N. Torrey Pines Road, La Jolla, CA, 92037. pBS contains an ampicillin resistance gene and pBK contains a neomycin resistance gene. Phagemid pBS may be excised from the Lambda Zap and Uni-Zap XR vectors, and phagemid pBK may be excised from the Zap Express vector. Both phagemids may be transformed into *E. coli* strain XL-1 Blue, also available from Stratagene.

Vectors pSport1, pCMVSport 1.0, pCMVSport 2.0 and pCMVSport 3.0, were obtained from Life Technologies, Inc., P. O. Box 6009, Gaithersburg, MD 20897. All Sport vectors contain an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, also available from Life Technologies. See, for instance, Gruber, C. E., et al., *Focus* 15:59- (1993). Vector lafmid BA (Bento Soares, Columbia University, New York, NY) contains an ampicillin resistance gene and can be transformed into *E. coli* strain XL-1 Blue. Vector pCR®2.1, which is available from Invitrogen, 1600 Faraday Avenue, Carlsbad, CA 92008, contains an ampicillin resistance gene and may be transformed into *E. coli* strain DH10B, available from Life Technologies. See, for instance, Clark, J. M., *Nuc. Acids Res.* 16:9677-9686 (1988) and Mead, D. et al., Bio/Technology 9: (1991).

The present invention also relates to the genes corresponding to SEQ ID NO:X, SEQ ID NO:Y, and/or the deposited clone (ATCC Deposit No:Z). The corresponding gene can be isolated in accordance with known methods using the sequence information disclosed herein. Such methods include preparing probes or primers from the disclosed sequence and identifying or amplifying the corresponding gene from appropriate sources of genomic material.

Also provided in the present invention are allelic variants, orthologs, and/or species homologs. Procedures known in the art can be used to obtain full-length genes, allelic variants, splice variants, full-length coding portions, orthologs, and/or species homologs of genes corresponding to SEQ ID NO:X or the complement thereof, polypeptides encoded by genes corresponding to SEQ ID NO:X or the complement thereof, and/or the cDNA contained in ATCC Deposit No:Z, using information from the sequences disclosed herein or the clones deposited with the ATCC. For example, allelic variants and/or species homologs may be isolated and identified by making suitable probes or primers from the sequences provided herein and screening a suitable nucleic acid source for allelic variants and/or the desired homologue.

The polypeptides of the invention can be prepared in any suitable manner. Such polypeptides include isolated naturally occurring polypeptides, recombinantly produced polypeptides, synthetically produced polypeptides, or polypeptides produced by a combination of these methods. Means for preparing such polypeptides are well understood in the art.

The polypeptides may be in the form of the secreted protein, including the mature form, or may be a part of a larger protein, such as a fusion protein (see below). It is often advantageous to include an additional amino acid sequence which contains secretory or leader sequences, pro-sequences, sequences which aid in purification, such as multiple histidine residues, or an additional sequence for stability during recombinant production.

The polypeptides of the present invention are preferably provided in an isolated form, and preferably are substantially purified. A recombinantly produced version of a polypeptide, including the secreted polypeptide, can be substantially purified using techniques described herein or otherwise known in the art, such as, for example, by the one-step method described in Smith and Johnson, Gene 67:31-40 (1988). Polypeptides of the invention also can be purified from natural, synthetic or recombinant sources using techniques described herein or otherwise known in the art, such as, for example, antibodies of the invention raised against the polypeptides of the present invention in methods which are well known in the art.

The present invention provides a polynucleotide comprising, or alternatively consisting of, the nucleic acid sequence of SEQ ID NO:X, and/or the cDNA sequence contained in ATCC Deposit No:Z. The present invention also provides a polypeptide comprising, or alternatively, consisting of, the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X or a complement thereof, a polypeptide encoded by the cDNA contained in ATCC Deposit No:Z, and/or the polypeptide sequence encoded by a nucleotide sequence in SEQ ID NO:B as defined in column 6 of Table 1C. Polynucleotides encoding a polypeptide comprising, or alternatively consisting of the polypeptide sequence of SEQ ID NO:Y, a polypeptide encoded by SEQ ID NO:X, a polypeptide encoded by the cDNA contained in ATCC Deposit No:Z, and/or a polypeptide sequence encoded by a nucleotide sequence in SEQ ID NO:B as defined in column 6 of Table 1C are also encompassed by the invention. The present invention further encompasses a

polynucleotide comprising, or alternatively consisting of, the complement of the nucleic acid sequence of SEQ ID NO:X, a nucleic acid sequence encoding a polypeptide encoded by the complement of the nucleic acid sequence of SEQ ID NO:X, and/or the cDNA contained in ATCC Deposit No:Z.

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Moreover, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in Table 1C column 6, or any combination thereof. representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in Table 1C column 6, or any combination thereof. In further embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in Table 1C, column 6, and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides and polypeptides are also encompassed by the invention.

Further, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1), or any combination thereof. Additional, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1), or any combination thereof. In further embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1) and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1) and have

a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1) and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides and polypeptides are also encompassed by the invention.

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Further, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2), or any combination thereof. Additional, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2), or any combination thereof. In further embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2) and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2) and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the abovedescribed polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in column 6 of Table 1C which correspond to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2) and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (See Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides and polypeptides are also encompassed by the invention.

Moreover, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in the same row of Table 1C column 6, or any combination thereof.

Additional, representative examples of polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in the same row of Table 1C column 6, or any combination thereof. In preferred embodiments, the polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the complementary strand(s) of the sequences delineated in the same row of Table 1C column 6, wherein sequentially delineated sequences in the table (i.e. corresponding to those exons located closest to each other) are directly contiguous in a 5' to 3' orientation. In further embodiments, above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in the same row of Table 1C, column 6, and have a nucleic acid sequence which is different from that of the BAC fragment having the sequence disclosed in SEQ ID NO:B (see Table 1C, column 5). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in the same row of Table 1C, column 6, and have a nucleic acid sequence which is different from that published for the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). In additional embodiments, the above-described polynucleotides of the invention comprise, or alternatively consist of, sequences delineated in the same row of Table 1C, column 6, and have a nucleic acid sequence which is different from that contained in the BAC clone identified as BAC ID NO:A (see Table 1C, column 4). Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

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In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C, and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1C, column 2) or fragments or variants thereof. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in column 6 of Table 1C which correspond to the same Clone ID (see Table 1C, column 1), and the polynucleotide sequence of SEQ ID NO:X (e.g., as defined in Table 1A, Table 1B, or Table 1C) or fragments or variants thereof. In preferred embodiments, the delineated sequence(s) and polynucleotide sequence of SEQ ID NO:X correspond to the same Clone ID. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In further specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, one, two, three, four, five, six, seven, eight, nine, ten, or more of the sequences delineated in the same row of column 6 of Table 1C, and the polynucleotide sequence

of SEQ ID NO:X (e.g., as defined in Table 1A, Table 1B, or Table 1C) or fragments or variants thereof. In preferred embodiments, the delineated sequence(s) and polynucleotide sequence of SEQ ID NO:X correspond to the same row of column 6 of Table 1C. Polypeptides encoded by these polynucleotides, other polynucleotides that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of the sequence of SEQ ID NO:X are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids that encode these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In additional specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of a fragment or variant of the sequence of SEQ ID NO:X are directly contiguous Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of the sequence of SEQ ID NO:X and the 5' 10 polynucleotides of the sequence of one of the sequences delineated in column 6 of Table 1C are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of a fragment or variant

of the sequence of SEQ ID NO:X and the 5' 10 polynucleotides of the sequence of one of the sequences delineated in column 6 of Table 1C are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides, are also encompassed by the invention.

In further specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of another sequence in column 6 are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of another sequence in column 6 corresponding to the same Clone ID (see Table 1C, column 1) are directly contiguous. Nucleic acids which hybridize to the complement of these 20 lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of, a polynucleotide sequence in which the 3' 10 polynucleotides of one sequence in column 6 corresponding to the same contig sequence identifier SEQ ID NO:X (see Table 1C, column 2) are directly contiguous. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention.

Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

In specific embodiments, polynucleotides of the invention comprise, or alternatively consist of a polynucleotide sequence in which the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C and the 5' 10 polynucleotides of another sequence in column 6 corresponding to the same row are directly contiguous. In preferred embodiments, the 3' 10 polynucleotides of one of the sequences delineated in column 6 of Table 1C is directly contiguous with the 5' 10 polynucleotides of the next sequential exon delineated in Table 1C, column 6. Nucleic acids which hybridize to the complement of these 20 contiguous polynucleotides under stringent hybridization conditions or alternatively, under lower stringency conditions, are also encompassed by the invention. Polypeptides encoded by these polynucleotides and/or nucleic acids, other polynucleotides and/or nucleic acids encoding these polypeptides, and antibodies that bind these polypeptides are also encompassed by the invention. Additionally, fragments and variants of the above-described polynucleotides, nucleic acids, and polypeptides are also encompassed by the invention.

## Table 3

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Many polynucleotide sequences, such as EST sequences, are publicly available and accessible through sequence databases and may have been publicly available prior to conception of the present invention. Preferably, such related polynucleotides are specifically excluded from the scope of the present invention. Accordingly, for each contig sequence (SEQ ID NO:X) listed in the fifth column of Table 1A and/or Table 1B, preferably excluded are one or more polynucleotides comprising a nucleotide sequence described by the general formula of a-b, where a is any integer between 1 and the final nucleotide minus 15 of SEQ ID NO:X, b is an integer of 15 to the final nucleotide of SEQ ID NO:X, where both a and b correspond to the positions of nucleotide residues shown in SEQ ID NO:X, and where b is greater than or equal to a + 14. More specifically, preferably excluded are one or more polynucleotides comprising a nucleotide sequence described by the general formula of a-b, where a and b are integers as defined in columns 4 and 5, respectively, of Table 3. In specific embodiments, the polynucleotides of the invention do not consist of at least one, two, three, four, five, ten, or more of the specific polynucleotide sequences referenced by the Genbank Accession No. as disclosed in column 6 of Table 3 (including for example, published sequence in connection with a particular BAC clone). In further embodiments, preferably excluded from the invention are the specific polynucleotide sequence(s) contained in the clones corresponding to at least one, two, three, four, five, ten, or more of the available material having the accession numbers identified in the sixth column of this Table (including for example, the actual sequence contained in an identified BAC clone). In no way is this listing meant to encompass all of the sequences which may be excluded by the general formula, it is just a representative example. All references available through these accessions are hereby incorporated by reference in their entirety.

Table 3

	SEQ				
cDNA Clone ID	NÖ X	Contig ID:	EST Dis Range of a	EST Disclaimer Range of a Range of b	Accession #'s
H2CBU83	=	884134	1 - 2689	15 - 2703	BE613316, BE739453, AW961199, AV658769, BE785673, AW9653999, BF037119, BG030507, BF036149, BF699154, BF09324, BF695258, BF036638, BF701778, BG030507, AW377122, BF665913, BF699078, AW377125, BF665294, AV658829, BF667082, BG166746, AW851261, BF241480, AW850925, AI978869, BF665294, AV658829, BF667802, BG166746, AW851261, BF241480, AW850925, AI978869, BF695890, AA845339, BF668201, BF699860, BF6121547, AI620357, BF700054, AW851052, AI924880, AW752845, BF701466, AI800939, BG121547, AI620357, BF700054, AW851052, AI924880, AW752844, BF697582, BF700919, BF667321, AI139396, BE958619, AV692286, AI955392, AW752844, BE097582, AI870919, BF697211, AW192059, BF6988345, AW152584, AW955901, AI671911, AA535832, AW850982, AI935579, BE089877, AW752868, AI683119, BF130660, D61864, AW630835, AI621153, BF514638, BF697211, AW192136, AI286255, AA403153, D62117, AW028833, N78154, AR928873, AV651183, BE817020, AV657915, AV657131, BF666276, AV660141, AI699025, AI016115, R66206, N45586, D61708, BE868472, AA403241, AV657914, AA313513, AV682813, AR8565, AA531589, R58698, AA857811, H42631, AA307010, R67084, BF334107, AW971385, R68027, AW021104, AW296538, BG166828, AI887214, AW468968, R64487, H88521, BF697149, R94825, R68028, R68028, R65584, AA377208, AI050980, AA318641, D62093, BF813323, N78160, T73957, D61982, D62303, D62026, AI806100, AA095925, N56560, T73925, AA507092, BF750358, BE148612, BF750357, BE867141, T73948, N88292, T73916, BE044052, H95089, H73281, AV660091, AF257182.1, AF346711. 1.
H2MAC30	12	544957	1 - 445	15 - 459	A1089027, AA308141, AW504673, A1684832, AA225036, A1806235, AA480904, AW084470, BE246140, A1769587, AA480993, AA936449, A1743330, AW025616, R84772, A1244944, N58917, A1085514, AA504299, A1273353, A1762989, AA100979, AA857531, AW276652, AW952845, AW440624, A1277859, R74507, AW269427, A1221905, AW016095, H72021, A1150547, H65671, T89998, A1937672, H86848, R74517, R52128, BE243519, AA224988, AA588111, T89414, AA976027, Z39380, BE869329, R48449, R72429, AA229997, AA308518, BF183288, AA229612, A1694870, AV755614, AV755613, T24832, AA229703, AA620967, AA59460, AA480941, AA480883, BF059107, AA278692, AV691613, A1197824, H65670, AA480992, AA480966, AC003070, 1
H6EDC19	13	543259	1 - 746	15 - 760	A1090153, A1767722, BG116691, A1797075, BF528376, A1698172, A1681570, BE671343, A1539236, AV704244, A1539246, BE264613, AA864681, AW204700, A1808925, BE676036, T79284, BF445461,

			AA400027, AI209219, AA300244, AA427390, AA302217, AA252421, AA406631, AI869251, BF969629, AI262951, AI498669, AA300243, AW072158, T79197, AA411721, AV682333, F34003, AI123608.
637482	1 - 1431	15 - 1445	AI123694, AA203656, AV707802, BF575227, N77966, AW956121, N71852, BF732312, AI338999, AA714266, AA176725, AV744696, AI039168, AA329423, AA680411, F10345, T85994, AV682639, AA731436, AV735262, AV733694, AA505796, AW959998, BF793146, H79631, R00088, BF978632, BG034327, AV716953, AW955313, BG032189, AV717860, AV716893, BF244606, AV733654, BG030662, AI802907, AA528524, AA973692, AA658895, AV714250, AV718258, AV716004, BF029739, F26324, AW772717, BE909294, AA370595, A1392630, BF529817, A1914394, AE5148127, AA5975366, BF029799, AI126532, AA977864, R38777, AI093884, AW264528, AI351443, AA916014, AA359165, AA5943244, AI682171, AA404535, BG033024, T75123, AI832970, AA973611, AI833308, AI814033, BF781781, BF03596, BF036544, AA888167, BE541776, BF109665, BE551387, AV7163934, BG110899, AV702881, AV710956, BF965198, BG033031, T90966, R02459, F32392, BF703956, BF690853, AV764373, BE738142, BF244583, AW772766, BF978393, BF978138, BE217894, BF692527, AW419228, BF219313, BF2444019, R02355, BF242775, AA340839, AW4401167, F30529, BE748667, AA640120, BG17995, BF679132, BF382290, AT179390, R35603, BF240791, BF691038, AW009337, AA886335, BE738709, AI253328, AW268515, BF977850, H79632, AV764541, BF212059, BF216495, F23622, R38445, Z20180, F23439, BF031626, A340808, BF246303, F29361, BF212059, BF216495, F23622, R38445, Z20180, F23439, BF031636, AA340808, BF246303, F29361, BF212059, BF2049971, BF210763, AI720401, N58379, AA706899, BE737668, F37786, AC009289.8, BC000855.1, AF04495711, AC008804. 6.
966195	1 - 1319	15 - 1333	BF111995, BF111899, AW051348, AI807015, AA349378, AA349433, H05458, T39468, T39511, F02812, T50009, T50073, Z43427, AI372659, BE843903, AB60404, BG015163, BE938621, BE843892, AI372657, BE698483, BF092079, BE301746, BG015653, AA496848, AL045349, BE047833, BE965724, BE965432, BE875407, BE964497, AW059713, AL037454, BE964512, AL119836, BE965724, BE965432, BE875407, BE964497, AW059713, AL037454, AW151136, BG107576, BE965707, AI918408, BG180506, BE9644876, BF924856, AI683559, AW151136, BG107576, BE965067, AW268261, AI691088, A1798271, AV689111, BG253692, BE011885, AI868163, AI918634, AW084097, BE875022, BE879931, AI340603, AV728806, AL036652, BF814335, AI370392, BE9653838, AV725920, AW021717, AW089036, BE877142, BE964795, AI469516, AI805638, AI925404, AA291456, AL040694, AI285439, AA888196, BE966404, AI366959, AI473536, BG153056, BE964614, BE540578, AI349933, AI623736, AW020095, BF038804, BE908276, AV742475, AI345471, BE9660787, AI340819, AV116513, BE966521, AI340519, AW162189, BF814357, AW198144, AI446809, AV7117295, AV7116613,

AV682144, Al366992, AA806719, AV682099, BE964661, AA789133, BE963918, BE904051,
AW023338, AV /38 /30, BE8 /3 / /6, BG02 /082, BF032404, BG164035, BE613 / 2 /, BG032219,   AI863357, BF965884, AL048323, BG153050, AI636719, AV756658, AW827289, AL048340,
BE879905, BG109270, AW020693, AI686576, AW858254, BE964073, AI470293, AW827290,
AW058233, AL038605, BG107625, A1702527, BG260037, AW834325, BE047952, BF793031,
AA643235, AI418254, AI623905, AI538764, AI524654, AI249946, BE964006, AA848053, AV733819,
AA635382, H42825, A1929108, BF924884, BG029053, BE974031, A1473451, AV711509, BG252714,
 ALU40044, Br300892/, ALU40241, BE883391, Br308022, AW008043, AIU24253, Br813130, AW022494, BF340323, AL046463, AW020288, AI521596, AW021373, AW162194, BF915316.
BF925370, BF886214, AI923989, BE965481, AI868204, AI242736, BE891942, BE735380, BF909758,
AA579232, BG166687, AV715354, BE964767, AV756247, AV758825, BF814449, AL038445,
BE965121, AW163834, BF343521, AW084056, BG032169, BE904851, BF868811, BG104782,
AI537677, BG122101, AI628325, AI590645, BE875402, AW083804, AI561299, BE908335,
AW059828, BF753056, AI559863, AV726125, BF750879, AW265004, F26535, AI583032, BF811808,
A1366974, A1355765, BF822127, A1609593, A1887775, A1858865, A1500061, BG121959, AA572758,
BF699668, AI348897, BE778024, BF814504, AI345224, AI357599, AV681949, T99953, AI589428,
BG113851, BG110517, AL530922, AF169301.1, AC091736.1, AL442082.1, AB049853.1,
AL389935.1, BC007364.1, S78214.1, X99717.1, AL122121.1, AK027161.1, BC006195.1,
BC005858.1, AK000310.1,
BC003104.1, AK025092.1, AK024524.1, AB047897.1, BC007674.1, AB044547.1, AL136789.1,
   BC004874.1, AL122045.1, AK026506.1, AL389978.1, AL049464.1, AF067420.1, BC007355.1,
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1-1007	1 - 1010	1 - 1217	1 - 1209
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145	146	147	148
HJMBI18	НЈМВМ38	HJPAD75	HJPCP42

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15-612 A	15 - 704 AA AC AC	15 - 613 H4	15 - 1022 AI AI BF R4 C1 C1 AA	15 - 1766 BF BC BC BC BC BC BC BC BC BC BC BC BC BC	15-815 BI AI	15 - 617 A) A) A) A) A) A) A) A) A) A) A) A) A) A
1 - 598	069 - 1	1 - 599	1-1008	1 - 1752	1 - 801	1 - 603
647430	684216	460467	778073	791828	626831	543017
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HOGA W62	248	168615	1 - 557	15 - 571	BF673679, BF340318, BF681126, AW630816, AW630056, BF684524, AI471808, D31084, BE932204, BE778532, Al365605.
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НООВ182	250	1352356	1-3516	15-3530	BE904978, BE383830, BE890564, BE729647, BE732309, BE789481, BE886173, BE733387, BE386405, BG258301, BE383286, BF125887, BE777790, BE280391, BE515074, AI459129, BE281548,
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					AI6/3569, BG05/134, AI564341, K32821, AA9/3/36, AW2/3585, AI49/846, BF/35875, BF727524, AW615711, AA356192, BF963119, BE501436, AA937403, R17171, AA353188, AA922835,
					AA026761, T99539, R27062, AA280121, H63038, R32930, AI537859, AI796641, BF927128,
					AI250269, D81030, AA693444, R27063, AV723591, R06448, AW375956, N56014, AA126901,
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HOSBY40	251	589431	1 - 1131	15 - 1145	BE465874, BE465890, AW418562, AW814995, AA721114, AC002543. 1.
HOSDJ25	252	854234	1 - 2200	15 - 2214	AL521533, BF966564, BG109192, BE621548, BG259805, BF666690, BF667661, BF185318,
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			-		BG169528, BF696312, AW338135, AI280253, AA873621, AI435513, BE552077, BF699387,
					BF055949, BF697521, BE542555, AI277959, AA121788, AI961880, AW969937, BF478121,
		*			AW338124, AA528626, AW367010, R76478, AA101422, T62844, AI918990, BE167397, W72961,
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					BF570557, AI077290, AA127501, R66340, AI926197, C00153, AA813575, K28517, A1580500,
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HSAWZ41	279	580872	1 - 1374	15 - 1388	AI547110, AI344906, AI318548, AV683406, AA425283, AW162314, AW409621, AI174703,
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HSAXA83	280	545051	1-635	15 - 649	BE275396, BE275061, AA313781, BF977059, AI640202, AV709881, BE677876, AI291229, BF693434,
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HSAYB43	281	604143	1 - 1685	15 - 1699	F17610, BF109566, AC026185.3, AC067941.7, AC002527.1, AC007263.4, AC006581.16, AL445237.16, AC005220.1, AL139415.10, AB045358.1, AP001711.1, AC013751.6,
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HSDEK49	282	1352253	1 - 1768	15 - 1782	AL513706, AL513705, AV700980, BF343961, AV710516, AV716397, AV715849, BF351156, AV717025, AW071975, AI922669, AI129815, BF106386, AA702864, W32947, AV690218, AV685715, AV693576, AV686846, AV695322, AV697709, BF924861, AI168499, AI343825, AA627735, AI554367, AI335089, AV697729, AI290781, AA875852, AA442570, AV686969, AV698914, AA486920, AI357884, AI088635, W79882, R39812, AV683817, BF932594, W17367, N78991, AA972857, R62969, R59135, AW961380, R56601, BE857524, R66262, W74268, AA436814, AA813538, H05057, AA133776, Z43556, R14044, R81029, T48889, AA228697, R56602, AA142932, R63023, Z39624, F02373, AA993978, R66723, R67603, R59136, R80928, AA133775, AW874480, T48888, AA228698, AA368546, BF525711, AA115592, AA328299, AA486747, BG001652, AJ132502.1, AL034397. 1.
HSDFJ26	283	834619	1-1191	15 - 1205	A1770009, BE467511, AW593206, AA434584, AI767843, AA780308, AA563708, AA317400, AA433906, AB021123.1, AC005598.6, AF361936. 1.
HSDJJ82	284	460602	1 - 448	15 - 462	AW594636, AA610164, AL050309.4, AC011445. 6.
HSDSB09	285	1301498	1 - 795	15 - 809	BF432333, Al861851, Al240993, Al795956, Al074484, Al640759, AW006868, AW241621, BF592070, AW271387, AW614840, AW450466, AW243423, Al244694, Al640517, BF431431, BF431530, Al439169, Al613108, Al915938, Al984796, Al245393, AW300335, AA931466, AW235983, AC005722. 1.
HSDSE75	286	545057	1 - 1137	15-1151	AW378251, BF349814, AA687791, BF739001, AW378183, AA661723, H61383, T88677, H62404, AA443169, AW339864, AA458622, AA252063, AI129690, AW960791, AB006755.1, AB006756.1, AB006757. 1.
HSDZR <i>S7</i>	287	651375	1 - 294	15 - 308	BE255995, AW473473, AW206723, BE312252, AI571368, AI810895, AI479711, AI656582, BE676619, AI492370, AI929750, AI762058, AW271956, BF591321, BF434884, AI500262, AW612319, AW085870, AI627969, AW168428, BE796769, AI767097, AI205848, AA632229, AI565786, BG033526, AV729047, AA876257, BE563237, BE905450, AA478285, BE257238, BE878838, BF664024, AA641693, AA478343, BC002907.1, AK000519.1, AC008755. 6.
HSIDJ81	288	589447	1 - 1289	15 - 1303	H27567, H27494, H71543, A1754653, BF857849, AW023111, A1521525, AW572721, AW963450, A1254770, A1926102, AV701462, AW020150, A1871973, AW500534, AW275432, AA218851, AA595661, BF854170, BF853574, BF853009, AW151247, AA536040, AW274078, AW958962, A1791659, AA669238, A1223626, A1249853, AW302048, BF725844, A1284543, BE139139, AW855625, AL042621, AW575000, A1801505, N68677, A1250552, AV758870, AW272294, H86725, AW851405, A1625604, A1251034, AA525807, AW075979, A1697235, AV7580014, AA729387, AA831426, A1697239, A1697242, AW504224, A1879951, AW502949, H77492, AW514065, A1224583, AV759203, BF527070, AA491767, AA229496, AL158830.17, AC005412.6, AL353855.23, AL132718.5, AL391868.15, AF285442.1, U91321.1, AP000505.1, AF129756.1, Y14768.1, AB000882.1, AL353804.22, AC005013.1, AC004448.2,

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HTLIV19	317	1046341	1 - 964	15 - 978	H73550, AA715075, AA425924, AI792525, AA303049, AA715173, BF895531, AW086361, AV733366, 1
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					AC025262.27, AC007425.16, AL050349.27, AC004887.2, AL022396.1, AC040160.4,
					AC018642.6, AP002340.3, AC074331.1, AE006462.1, AC002073.1, AC003070.1, AL031767.13,
					AL133153.3, AC007263.4, AC004882.2, AL050341.18, AC005921.3, AC007619.22, Z98200.8,
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					29/989.1, ALU23281.1, ALU21/07.2, AC0/3002.13, AC00/223.2, ALZ43327.1, AC000207.3,

					AC007279.4, Z83840.7, AP001694.1, AL096764.11, AL031602.14, AC008895.7, AL391280.15, AC007073.2, AC005225.2, AL109614.28, AC008403.6, AL354808.24, AL13875.5
•					AL162430.15, AC008569.6, AL450104.14, AC007005.3, AL355392.7, AL133548.6,
					AL121997.7, AL034380.26, AL117352.12, AC009267.15, U91321.1, AL391827.18,
					ACUZZ383.3, ACUZ3438.3, ACU91118.2, ACU/4013.3, ACU0ZZ99.1, AL334/9/.16, U91326.1, A10342016, AC0133816, AC0233134 16, AC023314 16,
					AC008009.4, AL139317. 5.
HTOAK16	318	560744	1 - 1452	15 - 1466	AU145310, AW274654, BF838423, AW139789, AW205436, AA017033, AU118838, T87405,
1					AI143925, AI174470, T87300, AA019253, AK021714. 1.
HTOGR42	319	838160	1 - 1416	15 - 1430	AA573067, H30513, A1266619, R20206, AW084004, A1064724, AW851828, BF031134, AA773890,
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					AF196779.1, AC009144.5, L44140.1, AC008440.8, AL049776.3, AL031847.17, AC010378.6,
	•		-		AL136418.4, AL139054.1, AC004797.1, AL353777.18, AL117382.28, AC005231.2,
					AL031685.18, AL160271.19, AL109952.15, AC004999.1, AC021012.5,
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					AC005288.1, AC006538.1, D86995.1, AP000098.1, AC003007.1, AC009412.6, AL357497.17,
					Z83844.5, AL356575.8, AL031680.20, AL354735.14, AC007216.2, AL445071.14, AL136123.19,
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					AC008149.14, AC010279.4, AC008018.20, AC011487.5, AC003041.1, AL159997.14,
					AL080243.21, AF001549.1, AL135839.15, AC078962.30, AC008733.7, AP000504.1,
					l, AL365505.15, AC005632.2,
HTOHT18	320	628300	1 - 1485	15 - 1499	AC004928.2.
HTOJK60	322	545067	1 - 890	15 - 904	AL079734, AI613389, AA129746, AI267356, AW970571, BE048991, AI267450, BF902572, AI133083,
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-					AA832016, BG222875, AA720774, AW089016, AW995665, BE084668, AA565911, BF821897,
					BG015615, BF529925, BE256101, A1357823, N30205, A1249447, A1537800, AA632839, A1440117,
					T74524, BE244243, AA501867, BE000614, BE154781, AA502207, AA084609, AA599080, AI679759,
					AV760019, AA191659, AA515351, BF678165, AW069412, AI284092, AW265359, AI056177,
					BE387304, AV757069, BF131490, BE049021, AW970987, AW276678, AW303098, AA584756,
					AW021627, AI628859, BE893315, AI251034, AA912287, BE501593, BE139139, AU117926,
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					AC008736.6, AL023879.1, AC004520.1, AL009031.1, AP003352.2, Z95116.1, AL356095.11,